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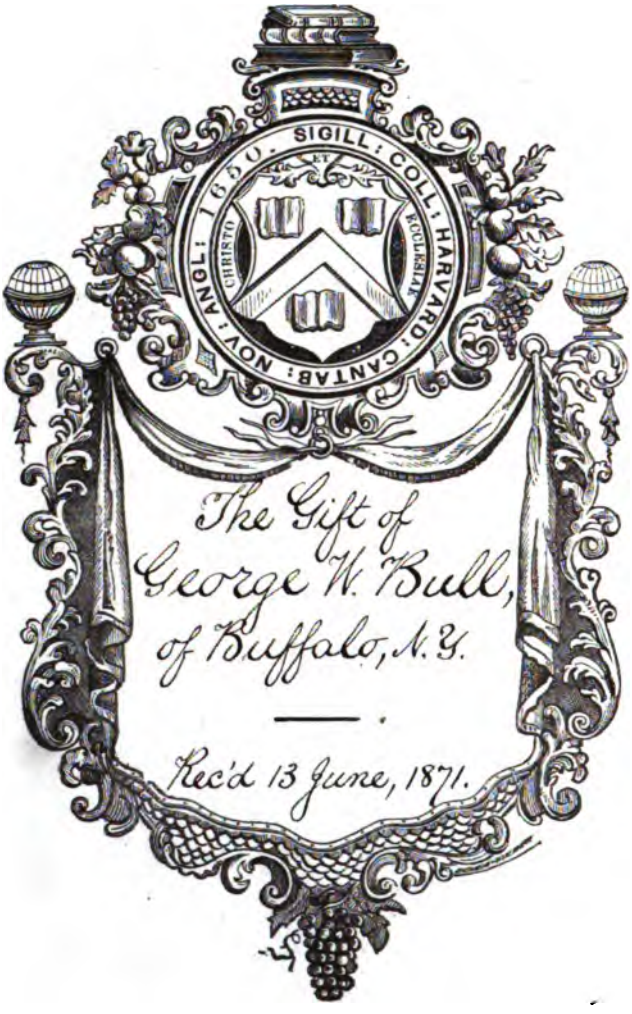
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TRANSACTIONS

WITH RESPECTS OF

OF THE **G. W. BULL,**

SENATE, ALBANY.

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

(STATE) OF NEW YORK,

FOR THE YEAR 1868.

VOLUME VI.

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Hon. George W. Bull,
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State of New York.

No. 77.

IN SENATE,

March 25, 1868.

SIXTH ANNUAL REPORT

OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Hon. Stewart L. Woodford,

President of the Senate:

Sir—We have the honor herewith to transmit the Sixth Annual Report of the Transactions of the Homœopathic Medical Society of the State of New York for the year 1868.

We have the honor to be,

Very respectfully,

Your obedient servants,

H. M. PAINE,

E. DARWIN JONES,

Secretaries.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK,
ALBANY, *March* 25, 1868.

The following papers and communications have been submitted to the Committee of Publication and have received their approval.

E. D. JONES,
H. M. PAINE,
W. S. SEARLE,
B. F. CORNELL,
A. T. BULL,
Committee.

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REPORT.

ARTICLE I.

Homœopathic Medical Society of the State of New York. Proceedings of the Seventeenth Annual Meeting.

The Society convened pursuant to statute in the County Court room, City Hall, February 11, 1868.

Punctually at eleven o'clock, the President of the Society, Dr. B. F. Cornell, of Moreau Station, called the meeting to order, and requested the Rev. Dr. Elmendorf to offer prayer.

The President proceeded to read his inaugural address.

Gentlemen of the Homœopathic Medical Society of the State of New York—In assuming this Chair to which I have been elevated by your confidence and suffrages, permit me to tender my warmest thanks for the honor conferred.

I believe it is in order, and perhaps not inappropriate, to make such suggestions as occur to my mind calculated to perpetuate our organization, extend its influence and increase its usefulness.

The result of my observation has been, that we lay out too much work for the time we have for its successful accomplishment, and that much of the time at our command is frittered away and wasted by idle and uninstructive discussion.

The delegates to this Society are many of them from the rural districts and remote villages, where they are the only homœopathic physicians within a circle of many miles, and hundreds of miles from this place of meeting. While in attendance here, their business must necessarily be neglected at home. Many of us thus situated find it very difficult to leave the field of our labors to spend more than a single day here. That we may all be benefited by our meeting, and be induced annually to return, it is important that as much of the business before the Society shall be attended to the first day of the session as possible. To effect this object,

I suggest that all communications, reports of committees, and other valuable papers, shall be read and laid upon the table for future action, till all have been read. If these papers are of importance to this Society, let us have the benefit of them now, and not wait till next year, when the proceedings are published, their value outlawed, and many of them strangled by the publishing committee. I would not restrain, but invite, the fullest discussion and the closest criticism of all papers to be presented to the public. What I propose is, that discussion be postponed till all the communications are read, then taken up in their order for discussion and further disposition. This is simply for the benefit of those who cannot remain through the session.

The subject of the finances should receive our early and earnest attention. It has been too frequently the case, that the ways and means have been deferred to the close of the session, when the seats are nearly empty, and a few have to contribute liberally to keep the machine in motion. Many who would cheerfully bear their share of the burthen, have left for their homes without having an opportunity to do so, and the treasurer has to send his bills to every corner of the State to get the means to defray expenses. To obviate this, I would suggest that the finance committee be instructed to report at the earliest possible moment, the condition of the finances, and that their report shall always be in order and take precedence of all other business.

The treasurer should always be on hand to urge the payment of the annual assessment by every member early on the assembling of the Society.

Every member of the State Society should feel a personal interest in the finances. On these depend the existence and prosperity of the State organization.

The subject of a Lunatic Asylum in this State, to be under the supervision of homœopathic trustees, and the medical care of homœopathic physicians, has already been agitated and circulars sent to the members of this body, by several gentlemen of the profession. I call your attention to this subject and urge action by the Society. I recommend that a committee be appointed to take this matter in charge, and that they be instructed to report some feasible plan to carry the same into operation.

The present opportunity should not be lost. The Governor has recommended an appropriation for such an institution, and it is for us to determine its medical character.

Gentlemen, we have besought the ruling powers in all humanity for positions in the army and navy; for a representation in the Board of Health in the city of New York; for a Cholera Hospital, in which we might test the superiority of our practice in that dangerous disease, but we have been treated with contemptuous rejection. Let us ask once more, and perhaps in the present political muddle we may have justice done us. If not, let us warn ourselves and law-makers that we are a power in the land; that the time has arrived when we no longer beg for, but openly demand, right and justice.

The editor of the New York Times never uttered a truer sentiment than (when speaking of the expulsion of Dr. Gardner from the Academy of Medicine, for daring to consult with a homœopathic friend), "that the homœopaths were nearly as numerous and quite as respectable as the allopaths."

This is not only true of the profession, but doubly so of our patrons. We have a large portion of the wealth, talent and influence on our side. In fact the greatest cause of enmity of the allopaths is owing to the fact, that we tie our horses to the best hitching posts. It is only necessary to present this fact vividly before the politicians, and our cause is won. Then let us still press our claims upon the consideration of the Legislature, not so much for the influence it will have upon us, the representatives of a principle, as for the benefit of those unfortunate wrecks of humanity for whom the institution is intended. There is no system of medicine that treats successfully a mind diseased but ours, and none other that presents specifics for its cure. I trust the subject may be acted upon and pressed to a successful issue.

The controversy on the subject of dose that is creating jealousy and enmity and undermining our strength, should not be permitted to mar our harmony. Leave this to the experience of every scientific physician. It matters not whether we use the high or low attenuations in medicine. If we cure, it is all our patients ask; and we shall have the satisfaction that attends success. It is not the dose that constitutes homœopathy; but the principle that "Like cures like."

I trust this session of the Society will be pleasant and harmonious, and that we shall co-operate in making it remarkable for the amount of labor performed, business accomplished and benefits received.

The meeting is now organized for the transaction of business.

On motion of Dr. Holmes, the reading of the minutes of the last meeting was omitted.

On motion, Drs. Searle, H. D. Paine and Holmes were appointed a committee to consider and report on the suggestions set forth in the President's inaugural address.

On motion of Dr. Searle, the usual order of business was suspended for the purpose of considering certain proposed changes of the by-laws. Dr. Searle proposed a change in the order of business so as to provide for sessions of three days' duration. The several suggestions offered by Dr. Searle, after extended discussion, were adopted.

Amendments of the by-laws:

Section 7: *Annual Dues.*—Three dollars shall be due annually from each permanent member and delegate.

Section 11: *Order of Business.*—At the meetings of the Society the following shall be the order of business:

FIRST DAY.

1. Communication from the President.
2. Reading of the minutes of the last meeting.
3. Appointment of the nominating committee.
4. Report of the executive committee on credentials.
5. Election of permanent and honorary members previously nominated.
6. Report of the treasurer, and the auditing of his accounts.

No other business shall be considered by the Society until the foregoing items are disposed of, when subjects of a miscellaneous character may be entered upon.

Annual address of the President, in the evening.

SECOND DAY.

1. Report of nominating committee, and election of officers.
2. Reports of medical committees.
3. Presentation of reports, and communications on medical and surgical subjects.

THIRD DAY.

This day shall be devoted to the discussion of a group or groups of medicines which shall be selected by the President of the previous year.

The President appointed Drs. H. D. Paine, A. T. Bull, and P. W. Mull, a nominating committee.

The committee on credentials reported the following named gentlemen present:

Permanent Members.

Drs. H. D. Paine	New York, New York county.
F. W. Hunt	New York, New York county.
L. B. Wells	Utica, Oneida county.
T. Dwight Stow	Fulton, Oswego county.
Wm. S. Searle	Troy, Rensselaer county.
D. D. Loomis	Morrisville, Madison county.
G. B. Palmer	East Hamilton, Madison county.
L. M. Pratt	Albany, Albany county.
H. M. Paine	Albany, Albany county.
E. D. Jones	Albany, Albany county.
John Sarle	Brooklyn, Kings county.
D. D. Loomis	Morrisville, Madison county.
H. B. Fellows	Aurora, Cayuga county.
M. W. Campbell	Troy, Rensselaer county.
Charles Lowrey	Union Springs, Washington co.
T. T. Calkins	Hudson, Columbia county.

Delegates.

Albany Co. Medical Society	Drs. J. W. Cox, Albany.
	W. H. Randell, Albany.
	H. B. Horton, Albany.
	E. D. Jones, Albany.
Allegany Co. Medical Society.	
Broome Co. Medical Society	S. D. Hand, Binghamton.
	Geo. P. Hand, Binghamton.
Cattaraugus Co. Med. Society.	
Cayuga Co. Medical Society	E. P. K. Smith, Auburn.
	H. Barton Fellows, Aurora.
Chautauqua Co. Med. Society.	
Chemung Co. Med. Society	
Chenango Co. Med Society	
Clinton Co. Medical Society	
Columbia Co. Medical Society.	P. W. Mull, Ghent.
	T. T. Calkins, Hudson.
	W. H. Barnes, Spencertown.

Cortland Co. Medical Society.	
Delaware Co. Medical Society.	
Dutchess Co. Medical Society.	I. S. P. Lord, Poughkeepsie.
	Levi Hubbard, Poughkeepsie.
Erie County Medical Society.	A. T. Bull, Buffalo.
	E. G. Cook, Buffalo.
Essex County Medical Society	
Franklin Co. Medical Society.	
Fulton Co. Medical Society ..	
Genesee Co. Medical Society.	
Greene County Medical Society	
Hamilton Co. Medical Society	
Herkimer Co. Medical Society	
Jefferson Co. Medical Society.	
Kings Co. Medical Society ...	
Lewis Co. Medical Society ...	
Livingston Co. Med. Society .	
Madison Co. Medical Society.	Drs. D. D. Loomis, Morrisville.
	G. B. Palmer, East Hamilton.
Monroe Co. Medical Society..	T. C. White, Rochester.
Montgomery Co. Med. Society	
New York Co. Medical Society	H. D. Paine, New York.
	V. Thompson, New York.
	A. P. Throop, New York.
	A. M. Woodward, New York.
Niagara Co. Medical Society .	
Oneida Co. Medical Society..	L. B. Wells, Utica.
Onondaga Co. Med. Society..	
Ontario Co. Medical Society..	E. B. Holmes, Canandaigua.
Orange Co. Medical Society..	
Orleans Co. Medical Society..	
Oswego Co. Medical Society .	T. Dwight Stow, Fulton.
Otsego Co. Medical Society ..	
Putnam Co. Medical Society .	
Queens Co. Medical Society..	
Rensselaer Co. Med. Society .	E. S. Coburn, Troy.
	M. W. Campbell, Troy.
	J. P. Bloss, Troy.
	C. H. Carpenter, Troy.
Richmond Co. Med. Society..	
Rockland Co. Med. Society ..	
St. Lawrence Co. Med. Society	

Saratoga Co. Medical Society	J. F. Niver, Stillwater.
Schenectady Co. Med. Society	
Schoharie Co. Medical Society	
Schuyler Co. Medical Society	
Seneca Co. Medical Society	
Steuben Co. Medical Society	
Suffolk Co. Medical Society	
Sullivan Co. Medical Society	
Tioga Co. Medical Society	
Tompkins Co. Medical Society	
Ulster County Medical Society	Drs. F. W. Ingalls, Kingston.
Warren Co. Medical Society	
Washington Co. Med. Society	J. F. Miller, Cambridge.
	Chas. Lowrey, Greenwich.
	John Sarle, North Granville.
Wayne Co. Medical Society	
Westchester Co. Med. Society	G. W. Hebert, Mt. Vernon.
Wyoming Co. Medical Society	
Yates County Medical Society	
Hom. Med. Col. of New York	F. W. Hunt, New York.
Hahnemann Acad. of Medicine	H. D. Paine, New York.
Penn. State Medical Society	E. J. Fraser, Erie, Penn.

Members by Invitation.

Drs. J. F. McKown	Albany.
J. C. Butler	Albany.
E. A. Carpenter	Albany.
G. A. Cox	Albany.
—— Martin	Troy.

On motion of Dr. E. P. K. Smith, regular physicians present were invited to participate in the deliberations of the Society.

The following named gentlemen, having been previously nominated, were elected permanent members:

Drs. B. F. Joslin	New York, New York county.
G. E. Belcher	New York, New York county.
S. C. Hanford	Brooklyn, Kings county.
T. T. Calkins	Hudson, Columbia county.
M. W. Campbell	Troy, Rennselaer county.
H. Swits	Schenectady, Schenectady co.
Charles Lowrey	Greenwich, Washington county.
W. Henry Hoyt	Syracuse, Onondaga county.

B. B. Schenck..... Plainville, Onondaga county.
G. L. Gifford..... Hamilton, Madison county.
H. F. Adams ..... Canastota, Madison county.
E. H. Hurd ..... Rochester, Monroe county.
G. C. Hibbard..... Springville, Chautauqua county.
G. A. Hall..... Westfield, Chautauqua county.

Nominees for Honorary Membership Elected.

C. Cropper, M. D.,..... Cincinnati, Ohio.
B. W. James, M. D., ... Philadelphia, Pennsylvania.
E. R. Heath, M. D.,..... Dayton, Ohio.
W. H. Holcomb, M. D.,..... New Orleans, Louisiana.
Charles Cullis, M. D.,..... Boston, Massachusetts.

Dr. H. D. Paine, as a question of privilege, offered the following statement and protest:

The undersigned feels called upon, in justice to himself, as one of the members of the publishing committee, whose official endorsement is prefixed to the recently issued volume of Transactions for 1867, to state that the reprint of a paper entitled "The Introduction and Progress of Homœopathy in the United States, &c., By S. R. Kirby, M. D.," as a part of those Transactions, was made without his approval or knowledge, but was interpolated into the report after it had been prepared for the press, and after it had been examined by him. That he disapproves of the publication of that paper, and disavows all responsibility for its appearance in connection with the Transactions. How a document, so objectionable as he believes that paper to be, found its way into the volume, he has not been informed, but he has reason to believe that its insertion was unsanctioned by a majority of the committee of publication.

Previous publishing committees had declined to admit the address into the Transactions, although strongly urged to do so, and it is believed that the present committee would have concurred in the judgment of their predecessors, if the question had come before them.

This action on their part is amply justified: *First*, by the character of the paper itself, which, under color of an historical discourse, not only perverts well known facts, but impugns the motives and actions of the honored founders of homœopathy in this country; and, *Second*, by the example of the local society

before which the address was delivered, in subjecting some of its statements and charges to a thorough examination by an impartial committee with damaging effect upon their credibility. Extracts from their report are appended to this statement and protest. In view of so complete a refutation of its offensive misstatements, the publication of this paper under the auspices of this Society, if allowed to pass unchallenged and unexplained, exposes us to the imputation of unfairness towards the early fathers of Homœopathy, most of whom are now dead, which cannot but be contrary to the feelings and sentiments of the profession generally. It is charged that those honored men, Gram, Gray, Wilson, Channing, Hull, who, in the face of difficulties and discouragements which it would be difficult for us to appreciate, first planted the standard of homœopathy in the city of New York: that these men were either imperfectly acquainted with the system of Hahnemann, or were afraid to avow openly and boldly their principles; and that one, at least, of their number avoided the trial of the system in the first cholera epidemic, by absenting himself from the city.

It is claimed that the real founder of pure Hahnemannian homœopathy in New York, was a man who has hitherto, in the opinion of the best informed among us, been held as unworthy of a place in the profession, that his claim to the title of physician was based upon a forged, or misappropriated, diploma, and was in fact, a foreign pretender without education or valid credentials.

It is claimed that this Dr. Granger announced to the public the doctrine of homœopathy, as taught by Hahnemann, and established the first institution in the city of New York for the treatment of diseases by homœopathy; and that he refused to withdraw his publication from circulation, although urged to do so by some who counseled silence on the subject.

These remarkable statements were fully refuted in the report of the committee before referred to, and should not have been allowed to reappear in any official proceedings, at least, without the corrections of that report.

It is due to the truth of history and to the memory of that noble band of pioneers, that the facts and circumstances of the first introduction of our reformed method of cure should be verified and preserved while the means of doing so are accessible; and any attempt to pervert these facts, or disparage the professional character of men to whom we owe so much, deserves severe reprobation. But since, however unintentionally, the Society has

given the apparent sanction of its endorsement to such misstatements, it is not too much to ask that the same publicity, at least, should be given to the proof of their falsity. To which end, the undersigned desires that this statement, together with so much of the report of the committee of the New York County Homœopathic Medical Society as may be pertinent, be spread upon the minutes and published with the proceedings of this body.

Extracts from the Report of a committee of the Homœopathic Medical Society of the county of New York on Dr. Kirby's Address.

"Your committee have carefully examined the subject referred to them, and beg leave to report that Dr. Kirby's Address on the Introduction and Progress of Homœopathy in the United States, on page 15, contains the following passage: 'In the summer of 1832 the cholera prevailed epidemically in this city. Drs. Gram, Wilson, Channing and myself were the only ones who treated that disease chiefly with camphor. Our practice was ridiculed on account of the small doses; it was called the small dose camphor treatment. Dr. Gray was absent from the city.' Dr. Gray protests against this statement as untrue and unjust to him.

"Your committee notified Dr. Kirby of their appointment, and received from him the following explanation: In the summer of 1832 Dr. Kirby heard Dr. Gram say to Dr. Wilson, 'Gray has left the city.' He believes this was about the time of the first appearance of the cholera in this city. Dr. Kirby further says that from that time he did not see nor hear of Dr. Gray being in the city until the subsidence of the cholera; that believing Dr. Gray to be absent from the city, he so stated, not dreaming of giving Dr. Gray cause of offence, and regrets very much that it is so.

"Dr. Gray proves by letters from distinguished individuals, his patients, or their friends, that he was in the city and in constant attendance upon cholera and other patients during the summer of 1832, with the exception of a short interval of ten days when he took his family to Connecticut.

"Chancey Ayers, M. D., known to your committee as a highly respectable practitioner of homœopathy, at Stamford, Ct., says: 'In 1832 I was an allopathic physician, residing and practising my profession in the city of New York, in the same neighborhood with Dr. John F. Gray; and he was at that time noted for using small doses of medicine. During the epidemic, people were very

much frightened, and not only ran for the nearest physician, but often for two or three at the same time; and so Dr. Gray and myself were frequently brought together, and met to see the same patient. I recollect on one occasion Dr. Gray explaining to me his peculiar practice, and the peculiar effect of small doses of medicine on the human system. Not only the novelty of this new kind of practice, but the earnestness with which the doctor advocated it, made quite an impression on my mind; for previous to that time I had no knowledge of that system of treatment. There may have been twenty others practising homœopathy at that time, for aught I know, but Dr. Gray was the only one I had any knowledge of. As we were neighbors, and I was in the habit of seeing the doctor almost daily, I do not think he could have been absent from the city, any length of time, without my having known it.'

"As Dr. Kirby's statement rests on hearsay, and he offers no evidence in his support, while Dr. Gray brings abundant proof in direct opposition to it, your committee necessarily come to the conclusion that Dr. Gray was in the city and practiced Homœopathy in the summer of 1832. It is also in the knowledge of your committee that by general consent, the rank of a zealous pioneer, and able advocate and successful practioner of Homœopathy has been accorded to Dr. Gray. * * * *

"Your committee are unable to find any evidence that Mr. John Granger was a physician at all, or that he was recognized as such by any school of medicine, or that he announced to the public the doctrine of Homœopathy as taught by Hahnemann, and opened an institution for the treatment of diseases. They do not believe he was a Hahnemannian in practice, and the only publication which they have heard of his making, and which he was advised to withhold, was a handbill announcing himself as a doctor from Paris, &c., in the usual style of such things.

"Any attempt to foist a pretender into the position of a founder of homœopathy, is calculated to bring discredit upon our system, and is a gross outrage upon the learned and worthy men who have adorned our ranks and illustrated our annals. It should receive no encouragement from this Society. No one who does not rise above mere pecuniary considerations can worthily practice our divine art. * * * * * The address was published *pro forma* by the vote of a very small minority of the society, it is believed, without a full knowledge of its contents.

While it is understood that the Society is not to be held responsible for the statements of papers and addresses it may order to be published, your committee are of opinion that the Society is bound, by a proper regard for candor and fair dealing, to take effectual means to prevent even a seeming complicity with misrepresentation and wrong.

"B. F. BOWERS,
"L. HALLOCK,
"I. T. EVANS."

The report was accompanied by a number of letters and other evidences confirmatory of its statements.

The secretary stated, in explanation, that he found Dr. Kirby's address among the papers transferred to him on his taking office, with an endorsement by the secretary of the New York county society, requesting its publication in the Transactions of the State Society: that in making up and arranging the material for the press, it was inadvertently omitted, but that not being aware of the adverse decision of any publishing committee in reference to it, nor supposing there would be any objection to any document from that source, he had not thought it necessary to submit it formally to the committee after he had discovered its omission, but had acted upon the advice and suggestion of one of the committee in adding it to the report.

On motion, it was

Resolved, That the above statement and protest of Dr. Paine, together with the accompanying extracts from the report of the committee of the New York County Homœopathic Medical Society, be entered upon the minutes and published with the proceedings of this Society.

Dr. H. D. Paine offered the following resolution, which was carried:

Resolved, That no paper or document be hereafter printed in the Transactions without the approval of a majority of the publishing committee, unless the same be especially ordered by a vote of the Society.

Dr. H. M. Paine gave notice of the annual address to be delivered, at eight o'clock in the evening, by the President of the Society, in the County Court room, City Hall: also, informed the members and gentlemen present, that a collation would be provided immediately after the address, at the American Hotel, and extended to them a cordial invitation to be present.

Meeting adjourned to 3 o'clock.

AFTERNOON SESSION.

The President, Dr. Cornell, in the chair.

Drs. T. Dwight Stow, T. C. White, and F. W. Hunt were appointed a committee to prepare biographical notices of Drs. E. A. Potter, M. M. Matthews, and F. Vanderburg. Permission was given the committee to increase the number to five members.

The treasurer, Dr. J. W. Cox, presented the following report:

Received from former treasurer	$187 28	
Received collections	126 00	
		$313 28
Paid total disbursements		224 84
Balance on hand		$88 44

The report of the treasurer was referred to an auditing committee, consisting of Drs. Searle, Jones, and H. M. Paine.

The auditing committee subsequently reported that they had examined the report of the treasurer, and the accompanying vouchers, and found them to be correct.

On motion, the report of the treasurer was adopted.

Dr. H. D. Paine presented and read a report by Dr. B. F. Bowers, Physician to the New York Protestant Half Orphan Asylum. During the first seven years from 1835 to 1842, this institution was under allopathic treatment. During this period the deaths were one to every fifty-eight cases. During the next ten years, from 1842 to 1852, under homœopathic treatment, the deaths were one to one hundred and twenty-one cases. During the next ten years, from 1852 to 1862, under homœopathic treatment, the deaths were one to one hundred and sixty cases. During five years from 1862 to 1867, under homœopathic treatment, the deaths were one to two hundred and fifty-nine cases. During the first seven years under allopathic treatment, the number of deaths was twenty in one thousand cases, and during the last twenty-five years, under homœopathic treatment the number was reduced to a little over six in one thousand. [See report of the New York County Medical Society.]

The Secretary presented a paper entitled "Hydrophobia," by Dr. L. P. Hedges, of Chicago, Ill. The paper was read by Dr. Butler, on whose motion the thanks of the Society were tendered to Dr. Hedges; also to Dr. Duncan for presenting a copy to the

Secretary. The paper was referred to the committee on publication.

Dr. Butler presented and read a paper, giving the result of his experience in the use of veratrum viride.

Dr. Holmes regarded it a useful remedy in pneumonia, especially of the left lung. He had found it efficacious in dysmenorrhœa and in cerebro-spinal meningitis.

Dr. Butler regarded gelseminum a more useful remedy in meningial congestion and inflammation.

Dr. Lord thought the curative powers of veratrum viride had been over estimated. It was not a polychrest. He knew of no disease to which it was strictly homœopathic.

Dr. B. F. Cornell, President of the Society, presented a paper entitled "Nitrate of Uranium in the Treatment of Diabetes."

The Secretary presented the following papers, which were read by title, and referred:

"Mission of Homœopathy," by Dr. C. Cropper, of Cincinnati, an honorary member of the Society.

"Hydatids," by Dr. T. C. Duncan, of Chicago, Ill.

EVENING SESSION.

Dr. Cox exhibited, in the person of a gentleman of Albany, a remarkable cure of a case of neuralgia of long standing, and which had defied the attempts of allopathic physicians.

The President, Dr. Cornell, although laboring under a severe cold, delivered his annual address, full of good points, though shocking many of the common ideas of people who use narcotics freely. The subject was "The Degeneracy of Mankind." There were many great causes for this, but among them, as the first in point of universality, he placed alcohol, in all forms and under all circumstances. It was first noticed in history, where Noah was overcome with drunkenness, and his sons, walking backward, covered his shame. Repeated other allusions to it occurred in the scriptures, ending with the memorable instance of the marriage at Cana in Galilee, where water was changed into wine by miraculous interposition. He doubted, however, whether the wine was fermented, and whether it was but simply juice of the grape, without intoxicating qualities. The Arabs were first said to have invented it, and to have used it as a pigment in painting. Such, also, was its present use, although, instead of confining it to inanimate subjects, it was used by living beings, and with remarkable

effect, for he could point out many whose faces would rival the peony in brilliancy, and a brilliancy that never wore off.

Opium was also deleterious. Its use was increasing in many ways—in elixirs, cordials, syrups, in laudanum, and paregoric, always doing injury. The nurse who desired a little leisure, the mother who wished to go to a ball, used these extracts to produce slumber in children, and too frequently with fatal effect. Alkalies are mingled freely with our food, deteriorating its quality, and causing countless diseases. In this they were materially assisted by tea and coffee, so largely drank in this country. On this subject he read the views of several medical authorities who declared these beverages to have a poisonous effect, and their continued use to be dangerous.

The education of mankind was neglected in physiological truths, and fond parents sent their children to school-houses badly built, ill ventilated, admitting the snow in winter and the rain in summer. Then the children are often perched upon high seats. They finish their scholastic course in a boarding school or academy, where the last touches are given to the forcing process, doing injury to the brain after the body has been weakened by prolonged inaction. An example of this he lately saw in a school not far distant from this city, where a hundred young ladies, in military order, marched through the streets of their village and returned back to their dormitories. This was what they called exercise. He was glad to see some schools and some societies introducing games of base ball as an athletic exercise. Much might be hoped from it.

A fertile source of many evils was lust, occasioned by high living, late hours, and excitement of the passions. Its necessary consequenco was artificial abortion, a practice steadily gaining in extent, though scarcely known twenty years since, except in the large cities. Then the latter, only, had their Madame Restells, while they are now to be found in every village in the land. One-eighth of the pregnancies are estimated to terminate prematurely, often with the death of the mother, or her long-continued sickness, scarcely ever recovering complete health. Even when health is fully regained, the moral sense and purity which particularly distinguishes woman is gone, blighting the social atmosphere, and probably ending in infidelity to the marriage bed. He did not hesitate to call it *murder*, and he trusted that physicians would endeavor to discountenance and put it down.

In conclusion, he thanked the members for their attention, reminded them of the nobility of their profession, and desired them to live ever worthy of it.

Thanks were tendered to Dr. Cornell for his address, and a copy requested for publication.

At the conclusion of the address, the members of the Society and a few invited guests assembled at the American Hotel, where a collation had been provided. Refreshments in ample variety and of excellent quality having been freely partaken of, the enjoyment of the evening was increased by humorous and interesting addresses offered by several speakers.

The President first called on the Hon. Joel Tiffany.

Mr. Tiffany said in early life he had not been so fortunate as to be acquainted with homœopathy and homœopathic physicians. There were then very few of them in the section of country in which he lived, Ohio, and his attending medical man was an allopathist. He had occasion to remove his residence from the town in which he had been formerly dwelling, and located in Cleveland; and it was not among the least of his sorrows that he should be compelled to leave behind his family physician, whom he liked so well, and who had allowed but two of his children to die from disease. He saved the rest of them, and the speaker had felt very grateful to him. When in Cleveland, he became acquainted with homœopathists, and had studied and investigated their system of medicine, becoming a convert, and had never since employed an allopath. He was convinced that homœopathy was the true system of cure, because in it the life force of nature was employed to protect itself, no drugs being used except those which would produce like symptoms to the disease itself.

Allopathy acts upon the theory that the symptom is an indication of morbific action; hence they seek to produce contrary action. Homœopathy treats the symptom as indicative of the action of the life force; hence it seeks a remedy which indicates the same action—*similia similibus*, &c.—and experience proves their philosophy to be the true one.

The Hon. Mr. Axtell, then being called, replied in a few words, disclaiming the intention of saying anything. He had never known much of the two rival systems of medicine, always being healthy; yet he thought if he should be seriously ill he would call in a homœopathic physician. Since then he had come to the city of Albany for a few months, and had been favorably impressed by

the homœopaths that he saw here. He roomed with an homœopathic physician, who, if a specimen of them, was certainly to their credit, as they could see by looking at his robust form. He had been a clergyman once, and he supposed that was the reason why he was called upon to talk, as ministers and lawyers were thought to be always ready to speak.

Here Dr. Hand, interrupting, said that Colonel Axtell was not only a clergyman, but a soldier, had served in the army throughout the entire war, had been wounded, and was now a member of the constitutional convention.

Mr. Axtell, resuming, said that his acquaintance with pills of any kind, excepting blue pills, was very slight. He had taken blue pills, but externally, and without good effect. In fact they had disagreed with him. It was in the army.

Judge Graves—Were they in large or small doses?

Mr. Axtell—Large, sir; proving injurious.

Judge Graves said that his experience had not been so fortunate as that of his friend Mr. Tiffany. True, he had had an allopathic physician, but this gentlemen, instead of causing him to lose two only of his children, had taken away five. Then he began to think that there was something wrong in their system of medicine, and had since examined it somewhat. He warned the physicians present that, as their calling was high and noble, they would be liable for its misuse. Let no petty bickerings interrupt the course of their friendship, and let every physician assist every other in the discharge of his obligations. What do the lawyers do? why, when one is engaged in a doubtful case, when he is not able to see his way clear, he calls in his neighbor from over the way, and they consult. He tells his client that his case is a doubtful one, that its issue is uncertain, and requests him to associate with himself another of the fraternity. So, by joint effort, they work up the case. The two lawyers, sitting down with their client, look over the evidence, in its knotty as well as smooth points; they discuss it, and possibly at the end they may prevail. He thought there was a great deal of brotherhood among lawyers, and but little among physicians, and wondered why it should be so. A man's house, his lands, his property, his money, all that he has, will he give for his child, and the physician was bound by the strongest dictates of humanity and honor to second him to the utmost. When a case is doubtful, call in your fellow-physician; two are

better than one, and it may be that the experience of one may supply what is lacking in the other. He closed with a solemn adjuration to them to remember the sacredness of their vocation; that our lives and health depended upon them, and no stone should be left unturned to save one of human kind.

Dr. Hand was pleased to know that there was such friendship among lawyers. He was sure it never would have been known without the assurance of his friend, Judge Graves. The public have always regarded lawyers as rather a quarrelsome race, but he was glad to be reassured. In his part of the country, homœopathic physicians did call in their neighbors to assist them, and medical consultations were of frequent occurrence. It was true, that in many places they did not hold consultations, but it was not their fault. The majority of homœopaths had no friendly physicians in the neighborhood whom they could call in, and they were always willing to consult with allopathic physicians, if treated in a gentlemanly manner. Sometimes they were not, and he recollected how, in his city of Binghamton, the youngest and brighest of the sisterhood of cities of this State, after holding all the offices of honor in the old medical society, with what a storm of obloquy he was greeted for daring to become a homœopath, solitary and alone. That was more than twenty years ago, when he had no one to consult with. Now, there were five homœopathic physicians, all with a good practice, and with, he thought, the majority of families in that place under their care. Besides, under the old system of medicine, many things were practiced which were extremely injurious, and which are now modified materially. The old allopathic school no longer practice profuse blood-letting, or extreme salivation with the freedom they once did. If they attempted it, and prescribed of the heroic treatment, the patient would generally say, "By the way, doctor, what do you think of homœopathy?" Thus it had gained in a two-fold manner upon the mammoth dosers; the first by making converts of half their patients, and the the second by moderating their procedure. Such had been the beneficial effects of homœopathy, and he had no doubt it would continue thus to increase until allopathy was a thing of the past.

Dr. Bull spoke of the Half-Orphan Asylum in New York, giving a description of the success that had attended that institution since it came into homœopathic hands, and was followed by

Dr. H. D. Paine, in a witty and mirth-provoking speech, during

which he spoke of the Ophthalmic Hospital in New York, and of the introduction of homœopathy there. Its deaths had only been one in four to that under allopathic treatment.

Dr. Lord was surprised to hear the slurs that had been cast upon allopathy, as having exhibited no progress. He thought it had, and could instance many things in which they were superior to the first American allopaths, the Indians. The red men certainly practiced allopathy, for every system of treatment might come under that head except homœopathy. They would admit anything, except small doses. He first became acquainted with medicine half a century ago, and it was more than forty years since the physicians had inscribed his name on a list as a member of the medical society. In studying original allopathy, he had studied Indian restoratives, and he was happy to say that there was a very great improvement. The common Indian treatment of diseases was simple. They had but some eight or nine diseases among them, and the same treatment was prescribed for each. A pit was dug into which water was poured, and a tent built around it. On the outside of the tent a huge fire was made, at which stones of large size were heated, and when ready they were cast into the pool. The patient, attended by the physician, entered the wigwam, filled with scalding steam, and remained there for a time deemed sufficient, when both sallied forth. It was an unusual circumstance now for a physician to take his own medicine, and many brothers would have qualms at this idea. But these physicians did not, and took dose for dose, or bath for bath, with their sick. Supposing this treatment to have proved ineffectual, gashes with a knife were made on his body, and incantations muttered, until enough was thought to have been done. But now mark the improvement of modern science. None of these barbarous methods are in use, but others much more refined and much more calculated to produce a long bill. Let us suppose the victim to be a young lady, with the same disease as the Indian. Her back has a mustard plaster applied, but not until it will come off of itself. No, that would be too much like the Indian mode of treatment. It is allowed to remain a day or two, and is then pulled off, and when the flesh is partially healed, another plaster is applied, and after the same management, still another. His frequent proceedings are regulated by the purse of the sick girl. If plethoric enough, another plaster is applied, with little peas under it, which causes exquisite pain, and would probably be

sufficient for the physician's purpose if they would not work out. For they will work out, and he is obliged to resort to the last measure. This is truly ingenious. A little caustic is placed on a plaster, with a small hole in it, through which the chemical substance eats into the flesh. A beautiful treatment for a delicate young lady! By this time he has probably charged sufficient, and can afford to dismiss the case. In this he was sure his brethren would see the improvements of modern science. Think of the Indian scarifying the back of the young lady, and then of the great amelioration of practice. No one, he was sure, could say that allopathy had not improved. Bleeding and huge doses of calomel had been reformed. In the early days of the settlement of the western part of the State, physicians had frequently given only one drug for every thing. The greatest panacea was opium. If a patient had rheumatism, give him opium; if he had constipation, give him opium; if diarrhœa, the same; if a fever or the gout, opium—always the same. During the last few years of his practice as an allopath, he had come to the conclusion that he was killing men, and that other doctors were also. He had therefore abandoned it, and for many years had followed what had been called the small pill practice. With that he was far better pleased.

A vote of thanks was tendered to Dr. H. M. Paine for the generous entertainment given, and to the guests of the Society, the speakers, for their addresses, after which the assembly adjourned.

SECOND DAY.

Morning session.—The morning session was opened with prayer, by the Rev. Mr. Dyer.

The President, Dr. Cornell, in the chair.

Dr. Holmes called attention, in a brief address, to the importance of securing legislative action with a view to the elevation of the standard of medical education. He stated that efforts had been made to present the subject in its true light before the Constitutional Convention now in session in this city. The Hon. S. G. Colahan, a member of the convention, had advocated a form of a constitutional amendment which, if adopted, in his opinion would contribute to the promotion of the object desired to be accomplished. The form of the proposed amendment is embodied in the subjoined report:

"CONSTITUTIONAL CONVENTION, *February* 6, 1868.

"REPORT OF THE COMMITTEE ON THE PRACTICE OF MEDICINE AND THE COMPOUNDING OF DRUGS.

"The undersigned, a special committee, appointed to consider the question of raising the standard of the medical profession in this State, and of regulating the dispensing and compounding of drugs, respectfully present the following article for adoption by the Convention:

"SECTION 1. The Legislature, at its first session after the adoption by the people of the amendments proposed by this Convention, shall enact laws creating a State medical board, before which all candidates for admission to practice medicine in this State shall pass a satisfactory examination.

"§ 2. In the organization or creation of said board, none of the schools of medicine now recognized by law, or hereafter to be recognized, shall have a major representation.

"§ 3. The Legislature shall make it a criminal offense for any person to practice medicine in this State without the license or authority of the aforesaid board—excepting, however, such members of the profession as now are possessed of authority from some legally incorporated medical college of this State, or such as are recognized by a legally incorporated medical society of the same.

"§ 4. The Legislature shall confer authority on the respective pharmaceutical societies legally incorporated, to regulate the dispensing and compounding of drugs and shall make it a criminal offense for any person to compound drugs in this State without the authorization of such society. But practicing physicians who compound their own medicines shall not be included in this prohibition.

"STEPHEN J. COLAHAN,
"STEPHEN D. HAND,
"JOHN STANTON GOULD.

"*Remarks.*—Your committee have carefully avoided what might be deemed legislation, and have offered in the proposed article but a framework, which, when perfected by the Legislature, will, in their opinion, relieve the public to a great extent from the complained of evils. No question more vital to the health and life of our people has been considered by this body. The people of this State ask not to be made altogether dependent upon the pleasure of the Legislature. They have received in the past no

redress from such source. Action on this subject has been generally demanded. Some sixteen hundred petitioners have asked your protection, and the public press of the State have demanded reformation at your hands. Not a single remonstrance has been presented to the Convention against the proposed measures to raise the standard of the medical profession and for the protection of the public.

"We have done much to protect the property of our citizens, let us not shuffle responsibility—but do the more sacred act still, protect their lives."

Dr. Holmes offered the following resolutions which were adopted:

Resolved, That this Society fully realizes the importance to the people of this State, of protection against empiricism and ignorance of pretenders in medicine; also, the importance of the elevation of the standard of medical education; we, therefore, respectfully recommend the Constitutional Convention, now in session for the purpose of revising the Constitution of this State, that the Article proposed by the Committee appointed thereby be embodied in the fundamental law of the State.

Resolved, That the Secretary be requested to place a copy of the foregoing resolution in the hands of the Hon. S. J. Colahan.

The committee appointed to consider the suggestions set forth in the President's inaugular address, presented the following report:

Report of the Committee appointed to consider the suggestions contained in the President's Inaugural Address.

Your committee have carefully read the address of the President, as published in the *Journal* of last evening, and find great reason to commend many of the suggestions therein contained. Some of these have already been acted upon. A new financial plan has been entered upon, which, though necessarily imperfect, and perhaps open to some objections, is still worth a trial. At any rate, no other feasible plan has been proposed, and the present system of raising the funds necessary for the adequate support of the Society has proved an utter failure; having yielded not more than an average of one hundred or one hundred and fifty dollars per year. Any plan for the raising of money to support an institution like this must of necessity be onerous and burdensome to some. Let us give the new system a trial, and if it prove

like the last, a failure, we can but try some other mode of taxation.

The President has suggested that every paper presented upon medical topics should be read in course. While this idea does simple justice to those who have taken pains to furnish material for scientific discussion to the Society, still the committee are of opinion that papers are sometimes presented of a statistical character, and upon other subjects which, while eminently worthy of record in the Transactions of the Society, will fail to be of interest to the Society if read before it, and they recommend that while each paper should be brought to the notice of the Society, and an abstract of its contents given, we should still adhere to our old rule of reading such papers only in full as the members present shall deem of sufficient interest to warrant it. Discussion of any paper presented would be very properly postponed until all have been brought to the notice of the Society, as the President has suggested.

The action suggested by the President upon the matter of the new lunatic asylum, is eminently worthy the consideration of the society, and we cordially unite with him in urging the appointment of a committee, who shall see to the interest of homœopathy in connection with it during the coming year.

The report was adopted.

Dr. H. M. Paine offered the following resolution, which was adopted:

Resolved, That the Treasurer be authorized to levy a pro rata tax on the several county societies in this State, equal in the aggregate to one-third more than the amount of the present indebtedness of the Society.

The Secretary introduced Dr. E. J. Fraser, of Erie, delegate from the Pennsylvania State Homœopathic Medical Society.

Dr. Fraser remarked substantially as follows:

Mr. President and Gentlemen of the Society:

Having business engagements which require my presence in your city a few days, I gladly avail myself of the opportunity to attend one of the annual meetings of your noble society. It is with pleasure that I look upon your efficient efforts to elevate the standard of medical science in the Empire State.

In Pennsylvania, where I reside, homœopathy has taken a deep hold on the minds of the people, and is daily growing in public estimation, notwithstanding the desperate opposition of its ene-

mies. New accessions from the intelligent and refined classes are made to our ranks daily. This is true also, with regard to all the western portion of our country. The demand for homœopathic physicians seems to be much greater than the supply. The calls for competent homœopathic practitioners to locate in eligible situations are pressing. I have also noticed that homœopathic physicians are usually liberally patronized, and are well paid for their services. I would recommend the members of our school to give greater encouragement to young men, who desire to qualify themselves to become successful practitioners.

It gives me pleasure to meet you, and to express an interest which we, of the Keystone State, feel in promoting the advancement of the noble art of healing.

Dr. H. M. Paine was appointed a committee to prepare a biographical sketch of the late Dr. H. C. Hubbard.

Dr. C. Dunham was requested to prepare a memoir for publication of the late Dr. John Barker.

Dr. Wells reported, verbally, cases cured by high attenuations of remedies; also presented the following:

"Report of the Oneida County Medical Society, by the Secretary, Dr. H. Willis."

"Tænia Solium, by Dr. C. Judson Hill."

"Petroleum in the Treatment of Burns, by Dr. G. J. Jones."

"A case of Epulis," by Dr. H. Willis.

Dr. G. B. Palmer presented a paper entitled, "Surgical Cases." Also, a report of the Madison County Medical Society. Also a paper entitled, "Treatment of Fistula," by Dr. N. F. Adams.

Dr. H. D. Paine presented the report of the New York County Medical Society.

Dr. Charles Lowrey presented the report of the Washington County Medical Society.

Dr. E. D. Jones presented the report of the Albany County Medical Society.

Dr. S. D. Hand presented the report of the Broome County Medical Society.

Dr. H. B. Fellows presented the report of the Cayuga County Medical Society.

The committee on nominations presented the subjoined report. The officers for the ensuing year recommended by the committee were elected by ballot:

WILLIAM H. WATSON, M. D., Utica, President.
T. F. ALLEN, M. D., New York, First Vice-President.
T. L. BROWN, M. D., Binghamton, Second Vice-President.
D. F. BISHOP, M. D., Lockport, Third Vice-President.
H. M. PAINE, M. D., Albany, Recording Secretary.
E. D. JONES, M. D., Albany, Corresponding Secretary.
W. S. SEARLE, M. D., Troy, Treasurer.

Censors.

Drs. John Sarle	Northern District.
L. M. Pratt	do
R. D. Bloss	do
Albert Wright	Southern District.
A. S. Ball	do
H. D. Paine	do
L. B. Wells	Middle District.
H. Robinson, Jr.	do
T. Dwight Stow	do
L. M. Kenyon	Western District.
C. Ormes	do
G. W. Lewis	do

Executive Committee.

Drs. W. H. Watson,	Drs. D. F. Bishop,	Drs. H. M. Paine,
T. F. Allen,	T. L. Brown,	E. D. Jones,
J. W. Cox,	W. S. Searle,	L. M. Pratt,
	J. S. Delavan.	

Committee on Publication.

Drs. H. M. Paine, Drs. E. D. Jones, Drs. W. S. Searle,
B. F. Cornell, A. T. Bull.

Nominees for Honorary Membership.

F. R. McManus, M. D.	Baltimore, Md.
T. C. Duncan, M. D.	Chicago, Ill.
J. C. Morgan, M. D.	Philadelphia, Penn.
F. R. Horner, M. D.	Hull, England.
William Henderson, M. D.	Edinburgh, Scotland.
William Bayes, M. D.	Bath, England.

Nominees for Permanent Membership.

Drs. T. F. Allen	New York,	New York	county.
E. P. Fowler	do	do	do
A. C. Hull	Brooklyn,	Kings	do

Drs. I. S. P. Lord	Poughkeepsie, Dutchess	county.
C. H. Carpenter	Troy, Rensselaer	do
J. W. Cox	Albany, Albany	do
A. W. Holden	Glen Falls, Warren	do
J. H. Ward	N. Granville, Washington	do
C. Judson Hill	Utica, Oneida	do
G. D. McManus	Oswego, Oswego	do
S. D. Hand	Binghamton, Broome	do
A. E. Wallace	Oneida, Madison	do
E. B. Holmes	Canandaigua, Ontario	do
E. P. K. Smith	Auburn, Cayuga	do
E. G. Cook	Buffalo, Erie	do
G. W. Lewis	do do	do

On motion, the President was authorized to appoint the usual medical committees and the delegates to State Medical Societies.

Committees on Materia Medica.

Drs. C. Dunham, 68 East 12th st., New York	First District.	
P. P. Wells, 84 Clinton street, Brooklyn	Second	do
W. S. Searle, 40 Second street, Troy	Third	do
B. F. Cornell, Moreau Station	Fourth	do
W. A. Hawley, Syracuse	Fifth	do
G. B. Palmer, East Hamilton	Sixth	do
H. B. Fellows, Aurora	Seventh	do
E. G. Cook, Buffalo	Eighth	do

Committees on Epidemics.

Drs. F. W. Hunt, 107 West 36th st., New York	First District.	
Henry Minton, 138 Remsen street, Brooklyn,	Second	do
W. H. Barnes, Spencertown	Third	do
C. M. Mosher, Easton	Fourth	do
T. D. Stow, Fulton	Fifth	do
D. D. Loomis, Morrisville	Sixth	do
C. W. Boyce, Auburn	Seventh	do
G. W. Lewis, Buffalo	Eighth	do

Committees on Clinical Medicine.

Drs. H. D. Paine, 229 Fifth avenue, New York	First District.	
Wm. Wright, 34 Fifth street, Brooklyn	Second	do
W. S. Searle, 40 Second street, Troy	Third	do
H. Swits, Schenectady	Fourth	do

Drs. L. B. Wells, Utica	Fifth District.
I. C. Owen, Sherburne	Sixth do
H. Robinson, Sr., Auburn	Seventh do
L. M. Kenyon, Buffalo	Eighth do

Committee on Statistics.

Drs. H M. Smith,	Drs. D. D. Smith,	Drs. P. P. Wells,
E. M. Kellogg,	A. T. Bull,	E. B. Holmes,
H. M. Paine,	M. F. Sweeting,	D. E. Southwick.

Delegates to the American Institute of Homœopathy.

Drs. H. M. Paine,	Drs. H. B. Fellows,	Drs. A. P. Cook,
L. B. Wells,	C. W. Boyce,	E. D. Jones,
H. D. Paine,	W. S. Searle,	S. D. Hand,
L. Clary,	J. Beakley,	A. T. Bull,
J. G. Rosman,	B. F. Cornell,	E. S. Brown.

Delegates to the Western Institute of Homœopathy.

Drs. L. B. Wells, J. G. Bigelow.

Delegates to the Maine Medical Society.

Drs. A. R. Morgan, L. M. Pratt.

Delegates to the New Hampshire Medical Society.

Drs. J. C. Raymond, W. S. Searle.

Delegates to the Vermont Medical Society.

Drs. E. D. Jones, H. Robinson, Jr.

Delegates to the Massachusetts Medical Society.

Drs. H. M. Paine, H. M. Smith.

Delegates to the Connecticut Medical Society.

Drs. B. F. Cornell, Henry Minton.

Delegates to the Pennsylvania Medical Society.

Drs. Charles Sumner, A. R. Wright.

Delegates to the Michigan Medical Society.

Drs. Cornelius Ormes, G. Z. Noble.

Delegates to the Indiana Medical Society.

Drs. H. B. Fellows, W. S. Hedges.

Delegates to the Illinois Medical Society.
Drs. Carroll Dunham, S. B. Barlow.

Delegates to the Ohio Medical Society.
Drs. Wm. Gulic, H. S. Benedict.

Delegates to the Missouri Medical Society.
Drs. John Hornby, R. R. Gregg.

Delegates to the Rhode Island Medical Society
Drs. Harrison Willis, C. Judson Hill.

Delegates to the New Jersey Medical Society.
Drs. E. Guernsey, C. H. Carpenter.

Dr. Searle desired to awaken an interest in an act pending in the Legislature, the object of which is to advance medical science and promote the suppression of empiricism. The act provides for the appointment of a State Medical Bureau, to be nominated by the legally recognized medical societies of this State, respectively, and to be appointed by the Governor. Said bureau to be so constituted as that the representation of the different schools shall be as nearly equal as possible. As it is not proposed to affix any penalty to the infringement of this regulation, or to interfere in the least with the present legal requirements regarding the practice of medicine or surgery, it will constitute an *honorary degree*, of which only those who are really meritorious and fully qualified can avail themselves.

It is a notorious fact that under the present system many incompetent and ignorant practitioners are graduated from our medical schools both allopathic and homœopathic. By means of the degree proposed to be created the public may be enabled to determine, as fully as may be feasible under any system, who are duly qualified practitioners.

It is only with great difficulty and in exceptional cases that irregular practioners are made to bear the penalty attached to the present forms of legal requirements. For two hundred years all laws of this discription have proved a dead letter in nearly all cases. All that it is possible to accomplish therefore, is to frame a bill in harmony with the interests of the class to be benefited; one that is not compulsory in its application. No other form will prove feasible or effective.

The form prepared and presented to the Legislature by Dr. Searle is as follows:

"AN ACT in relation to the practice of Physic and Surgery.

"*The People of the State of New York represented in Senate and Assembly, do enact as follows:*:

"Section 1. On or before the first day of May, 1868, and thereafter from time to time as may become requisite, the Governor shall nominate, and by and with the advice and consent of the Senate, shall appoint seven Doctors of Medicine, who shall constitute a Board of Censors for the examination of candidates for the degrees of 'Physician and Surgeon" and 'Physician.'

"§ 2. One of said doctors of medicine shall be appointed censor of anatomy; one, censor of physiology; one, censor of surgery; one, censor of chemistry; one, censor of obstetrics; one, censor of materia medica; and one, censor of general pathology.

"§ 3. Each censor shall hold office for the term of six years, and until his successor is duly qualified; and shall receive for his services the sum of two thousand dollars per annum, to be paid him from the treasury of the State. Any one of the censors may at any time be removed by the Governor under the provisions of the statutes relating to the removal of sheriffs from office, which provisions are hereby extended so as to relate to each one of the said censors.

"§ 4. In case of death, resignation, inability to perform the duties of the office, or from other cause, the office of any censor becomes vacant, a new censor shall be appointed for the unexpired term. In case such vacancy shall occur during the recess of the Senate, the Governor shall appoint a censor to fill the same, who shall hold office during the remainder of the unexpired term.

"§ 5. Each State Medical Society may at all times keep seven doctors of medicine in nomination for the office of censor.

"§ 6. Censors shall not receive, directly nor indirectly, any fees from any candidate.

"§ 7. Each candidate shall be examined separately, and by one censor only at a time. No candidate shall be subjected to any examination upon therapeutics; nor shall he be refused any of the certificates hereinafter provided for, by reason of any views he may entertain upon the subject of therapeutics.

"§ 8. The examinations herein provided for, shall be conducted by written or printed question and answer, and if satisfactory to the censor making the same, he shall furnish to the candidate a certificate in writing signed by himself, that such candidate has passed a satisfactory examination, and said censor shall forward a duplicate of said certificate to the Secretary of State. No candidate shall be re-examined after having been once rejected, until after the lapse of one year.

"§ 9. Any citizen of this State, who has previously received the decree of doctor of medicine from any legally authorized medical institution in this state, or in any other state or country, and who shall present to the Secretary of State satisfactory evidence thereof, and who has passed successfully all the examinations required by this act, as evidenced by the certificates of all the censors hereby created, shall receive from the Secretary of State a diploma signed by the Governor and Secretary of State, and bearing the seal of the State, conferring upon him the title and decree of Physician and Surgeon. In case any such person shall present satisfactory evidence of having passed successfully all the examinations except that of the censor of surgery, he shall receive from the Secretary of State a similar diploma, conferring upon him the title and decree of "Physician." Each person receiving such a diploma, shall pay into the treasury of the State the sum of fifty dollars.

"§ 10. All acts and parts of acts now in force, so far as inconsistent with the provisions of this act, are hereby repealed, but such repeal shall not revive any former act.

"§ 11. This act shall take effect on the first day of May, 1868."

Dr. Searle presented the following resolutions, which were adopted:

Resolved, That the bill for the suppression of empiricism and the elevation of the standard of medical requirements, entitled, "An act in relation to the practice of Physic and Surgery," now pending in the Legislature, meets our approval and endorsement.

Resolved, That we request for it careful consideration and early adoption by the Legislature of this State.

The State Medical Society (allopathic) having recently adopted a resolution requesting the allopathic medical schools of this State to refrain from accepting certificates of the term of the study of medicine issued by unlicensed practitioners, Dr. H. M. Paine offered a resolution, which was adopted, urging the faculty of the

Homœopathic Medical College in New York not to accept of certificates issued by illegal or irregular physicians.

Dr. Mull presented the report of the Columbia County Medical Society.

Dr. Cook presented the report of the Erie County Medical Society.

Dr. Holmes presented the report of the Ontario County Medical Society.

Dr. Stow presented and read a paper entitled "Clinical Cases." Also, the report of the Oswego County Medical Society.

Dr. Searle presented the report of the Rensselaer County Medical Society.

Dr. Ingalls presented the report of the Ulster County Medical Society.

Dr. Throop presented the report of the Hahnemann Academy of Medicine.

Dr. Hornby presented a paper entitled, "Surgical Cases." Also, the report of the Dutchess County Medical Society.

Dr. F. W. Hunt presented a communication entitled, "The Medico-legal Diagnosis of Insanity; The Duties of Physicians as Witnesses before Commissioners of Lunacy."

Dr. H. D. Paine presented a paper by Dr. S. B. Barlow, entitled "History of the Homœopathic Materia Medica."

Dr. H. M. Paine stated that an effort had been made recently, looking to the appointment of a new State Lunatic Asylum, to be placed under the care of the homœopathic school. A bill had been prepared and introduced into the Legislature, and had been reported favorably by the committee to whom it was referred. He urged the members present to take an interest in the movement and render it all the aid in their power. The bill reported reads as follows:

"AN ACT authorizing the appointment of commissioners to locate a site for an asylum for the insane, in one of the western or southern tier of counties of this State.

"*The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

"Section 1. Erastus Corning, Theodore W. Dwight, John Stanton Gould, Henry D. Paine, M. D., and William H. Watson, M. D., are hereby appointed commissioners, whose duty it shall

be to select a suitable site, in some one of the western or southern tier of counties of this State, upon which to erect an asylum for the insane.

"§ 2. The said commissioners shall have power to receive by gift, grant or bequest, or may contract for the purchase of lands which they may deem suitable as a site for the location of said asylum, subject however to the approval of the next Legislature, to whom they shall report their action in the premises, within ten days after the commencement thereof.

"§ 3. Should the action of said commissioners be approved by the Legislature, and a site be obtained under the provisions of the second section of this act, there shall be established on such site an asylum for the insane, which shall be under the direction of a superintendent, who shall be a homœopathic physician, in good and regular standing, subject to such rules and regulations, as the Legislature shall from time to time prescribe, to the end that adequate provision may be made for the proper care and treatment of insane persons, residing in any part of this State, whose guardians or friends may indicate a preference for the homœopathic system of medical practice.

"§ 4. This act shall take effect immediately."

On motion Drs. Paine, Cox and Jones were appointed a committee to draft resolutions relative to the foregoing act. The committee reported the following, which was adopted :

Resolved, That we cordially approve the proposal having in view the establishment of a new State Lunatic Asylum under the auspices of the homœopathic school ; and that we earnestly recommend our brethren of the medical profession throughout the State to extend to this measure all the assistance in their power.

Dr. H. M. Paine presented and read a letter from Dr. H. Doty, of Margarettsville, Delaware county, communicating information with reference to a private lunatic asylum, which he had established under his own supervision. The doctor has facilities for the reception of a number of patients. He has had the care of upwards of thirty cases, and with very encouraging results. So far as medication is required, the doctor employs homœopathic treatments alone in the management of his cases. The grounds are extensive and pleasantly located, and the buildings are ample and well arranged for the reception and treatment of this class of patients. Having had experience in allopathic asylums for the insane, the doctor is prepared to make use of every available

means for the restoration of the patients committed to his care.

On motion of Dr. Stow the several papers and communications presented at the meeting were accepted and referred to the committee on publication; and the secretary was requested to procure articles for publication in the transactions of the Society, subject however, to the approval of the committee on publication.

Resolutions tendering the thanks of the Society to the retiring officers were unanimously adopted, after which the Society adjourned *sine die.*

The seventeenth annual meeting of the Society, although not as fully attended as some others, was characterized by more than usual interest, harmony of action, and unanimity of feeling, to a greater extent than at any previous session.

H. M. PAINE, *Recording Secretary.*

ARTICLE II.

Address before the Homœopathic Medical Society of the State of New York. By BENJAMIN F. CORNELL, M. D., President of the Society. Delivered February 11, 1868.

Gentlemen—The subject I have chosen, upon which, in accordance with usage, to address you on this occasion, is the Physical Degeneracy of Man, its causes, and our duty as a profession in accordance with it.

That the human race is becoming effeminate, enfeebled and physically degenerate, as it passes down through succeeding generations, must be obvious to every man of observation, who contrasts the days of his childhood and youth with those of maturity and age, or who has been familiar with the history of man; and more especially it needs no argument addressed to the physician of thirty or forty years' practice to establish the fact.

It is unneccessary to contrast the longevity of the ancients with the brief duration of man's existence in this our day, when the allotted three score and ten is becoming the extreme limit, and thirty years the average of human life.

This is proudly styled the age of progress, of discovery, science, knowledge and invention. Lightning is chained to the car of progress. Space and time are annihilated; and yet, proud as we are of our intellectual advancement and superiority, when we contrast our physical condition, force and power with the fathers of the race, we are ready to hide our dwarfed, enfeebled, effeminate and diminished proportions, and shrink from the contrast.

In the contemplation of this subject, I pause at the threshold astonished, appalled at its magnitude and the difficulties in my path. To attempt to compress into the limits of a short address the history of mankind, the habits, fashions, passions, propensities, vices, diseases and crimes of the tribes, races and nations of mankind, would be the work of a lifetime, and volumes, nay a library of volumes, would be the result.

I can therefore but glance at a few of the causes that have contributed to this decline; and here again new difficulties arise in my path and block my progress.

The question arises where to commence. I trace these causes backward up the stream of time, and I find no starting-point till it emerges from the garden; 'tis there the seeds of disease, pain

and death were planted, there decay was stamped upon mortality; and as it has passed downward it has become turbid with the vices and crimes of mankind, till in our day it is a boiling, seething torrent of corruption and death.

It is not my intention to inflict upon you a homily on morals; yet the physical and moral decline of man are so intimately connected. as cause and effect, that I shall fail to do justice to one, without introducing the other.

I shall not attempt to present the causes of degeneracy in the order of their origin, but select a few, more particularly adapted to our country and generation.

The first and not least important agent of physical decay I shall mention is Alcohol, where used as a beverage in the various forms of distillation and fermentation. How far back the use of these intoxicating beverages can be traced, my antediluvian lore is too deficient to determine.

We find that Noah, a man so pure that of all the race, he and his family were saved from the destruction of the flood to repeople the earth, after leaving the ark, "planted vines and drank the wine thereof," and became beastly drunk and exposed to shame.

That the continued use of this beverage has descended through all the cycles of time to this our day, is an established fact, and invariably with the same result. Shame and disgrace are the attendant consequences.

The juice of the grape is extolled by many as one of the good creatures of God, and not to be prohibited. I am aware of the fact that the holy inspired volume contains numerous instances of its use, that even the Saviour graced the marriage feast, and when the wine was exhausted performed a miracle to replenish it. That Paul advised Timothy to take a little wine for his weakened digestion. I am aware also that wine is denounced as a mocker, and that a curse is pronounced upon him who holds the cup to his neighbor's lips. I would not be irreverent, but the particular circumstances of the miracle are such, that strong doubts arise as to the change that occurred in the pure limpid product of the fountain. The guests were well drunken, filled to the brim with wine; and who that has had similar experience, but must recollect how cooling, how grateful and soothing to the over-stimulated and fevered system was one long draught of nature's pure element, and how ready to cry out, "the best of the wine is reserved to the last of the feast."

And in Paul's advice to Timothy we see more of the habits and fashion of the times, than inspiration in the prescription. I consider the pure juice of the grape the least objectional of alcoholic beverages. Alcohol produced from cereals and fruits of the earth by distillation, is said to have been discovered by the Arabs, and for many centuries used principally as a pigment or paint. It is still used for that purpose, and one peculiarity of it is, that the color never fades, but grows brighter and brighter every day. I have seen some roses painted with it that were a perfect blaze of beauty, surrounded by a halo of light.

How it came into use as a beverage we have no means of knowing: the presumption is, that the painter sucked his brush, from the fact that those of the present day who "imbibe" are called "suckers;" be that as it may, it is now used in all its varied forms as a beverage, to produce artificial exhilaration and intoxication, and is one of the most destructive engines of the enemy of man, for his demoralization and annihilation.

It will be my present object to show some of the effects of this powerful stimulant and poison upon the human system.

Alcohol cannot be used as a beverage with impunity; taken into the human stomach in the least quantity from which a sensible excitement is produced, is intoxicating, and to that extent the participant is intoxicated. I do not mean to be understood that he is gloriously, superlatively, beastly drunk, drunk clear through, but the first glimmer of the eye, the first dizziness of the brain, the first acceleration of the pulse, is an evidence of intoxication, and it only requires the continuance and increase of the stimulant, to produce the more loathsome and disgusting features of the certain and inevitable result. At this early stage, nature rebels and arouses all her energies to expel the intruder; but by frequent and repeated indulgence, the system becomes less and less sensitive, and by degrees yields to its power; resistance is fruitless, the enemy takes possession of the citadel and riots on its substance. The mind like the body yields; resolution, virtue, conscience all surrender; disease seizes upon the victim, and death closes the scene. The fatal results are not always sudden; frequently the warfare is protracted through many years; but nothing can change the result but the abandonment of the poison. The strong man yields inch by inch to the destroyer. The body gradually changes from health to decay, and the system becomes diseased. The tender mucous membrane of the stomach is first irritated; then inflam-

mation, ulceration and schirrus supervene. The eye passes through all the gradations of expression, from brilliancy to inflamed, bleared and idiotic. The pulse is accelerated, wiry and intermittent. The face changes from excited, flushed and heated, to pallid, blotched, bloated and purple. The tongue, the index to both mind and body, gives utterance to the hilarity of excitement, to thoughts that burn, to the phrenzy of the maniac, and the drivelling of the idiot; it becomes coated, dry, inflamed, swollen, paralyzed. The gastric juice is deficient in quantity and quality; indigestion follows; flatulence, acidity, cardialgia and the burning, torturing fire that is never quenched. The liver is congested, inflamed, enlarged, ulcerated.

The spleen is enlarged. The kidneys disorganized. The bladder inflamed. The alternations of dysuria and diabetes frequently occur. The bowels are constipated, or relaxed. The lungs inflamed, congested and hepatized. The head swollen. The body bloated and dropsical. The limbs enfeebled, trembling, palsied. The brain passes through all the excitements and diseases from simple exhilaration to stupidity and coma, from inflammation to apoplexy; when the scene closes, the curtain drops, the tragedy is ended.

When we reflect that perhaps during the whole history of our country, there has never been a greater amount of alcohol used in form of beverages than at the present; and also that nearly all are adulterated and impure; that the most poisonous narcotics and irritants, as strychnine, tobacco, nitric acid, and numerous others equally destructive to human life enter into their composition; is it strange that so large a portion of our countrymen are becoming debilitated, enfeebled and physically degenerate?

Opium-eating is also becoming alarmingly prevalent, and its effects in many respects are similar to those produced by alcohol; but as the number of its devotees fall so far short of the cup, it would be comparatively harmless, did it not form the grand panacea of infancy and childhood. Paregoric, Godfrey's cordial, Bateman's drops, Mrs. Winslow's and numerous other syrups, laudanum, &c., in which the basis is opium, are the arms and implements of warfare with which the nurse lays right and left in combatting the ills with which poor suffering infancy is afflicted. If the child has colic, a dose of paregoric. If a pin pricks it or a feather gets in its ear, a dose of Godfrey. If it has taken cold from neglect or exposure, or is coming down with scarlatina or

measles, a dose of Bateman. If teething, vomiting, diarrhœa, dysentery or spasms, a dose of Mrs. Winslow; and when the nurse leaves, and the charge devolves upon the mother,—if she is tired, exhausted or fretful and peevish the poor infant is the scape-goat, and Godfrey and Winslow are again brought into requisition; but when she wishes to call on a friend, or to attend the lecture, the theatre, or the opera, and the efficacy of the former remedies are worn out and exhausted, then laudanum is resorted to, to drown in stupor and forgetfulness, the poor innocent sufferer. Is it strange the mortality of infants is so great? or that so many that struggle through infancy and childhood, are feeble in mind and bodv as they arrive at man and womanhood?

Tobacco is another debilitating and destructive agent; as a powerful narcotic its action is upon the brain and nervous system. In a highly concentrated form it is certainly and speedily fatal. Its habitual use is not productive of so violent and demoralizing results as is alcohol, yet not the less certain. It is merely a question of time, the system must be hardy, vigorous and enduring that can resist its undermining influence; and but few of the youth of the present day can be ranked among that class, as the habit becomes established and the quantity increased, a train of nervous symptoms are developed: dizziness, trembling of the limbs, weakness of the knees, faintness, cold clammy perspiration, palpitation of the heart, paleness of the face, loss of memory, compression of the brain as if a band of iron surrounded the forehead, loss of appetite, nausea, &c., which culminate in a train of nervous and sympathetic diseases, neuralgia, rheumatism, epilepsy and paralysis and frequently in dyspepsia, diabetes, costiveness, hæmorrhoids and ultimately phthisis. This habit prevails among the male sex to an alarming extent, and is producing deplorable results. We scarcely meet a boy in the streets of our cities or villages, eight to ten years of age who does not patronize the weed, (how they get the means at the present enormous price is a mystery.) We see coming up around us, a pale, puny, feeble race to fill the places of their more hardy, robust, vigorous fathers. It may be said, the fathers also partake, true, its use can be traced back through many generations, but the habit has never been so universal as at the present time, neither was it commenced at so early an age, since my recollection a boy was the subject of ridiculé if detected with a cigar or a quid in his mouth before he had attained his growth, his frame well knit, his muscu-

lar proportions developed, and his manhood established. In short that was before the days of Young America, and before a host of other causes contributed to deblitate the race; and yet many of them succumb at last. It is not a natural element of strength and longevity, and sooner or later it will tell upon the human organism.

The next cause of physical decline I shall mention is our manner of living; here are many causes combined: first our houses are over-heated. Ranges, furnaces, registers, coal stoves, double doors, double windows, rubber stops, are all calculated to shut out and burn up the pure air of Heaven; with the thermometer from 65 to 80 degrees the inmates, particularly children, become enervated, relaxed, enfeebled; and when exposed to the searching, piercing, cold out-door atmosphere of zero to 20 below, is it strange that croup, pneumonia and consumption claim so many victims? or that those who survive struggle on like hot-house plants that yield to the first chill blasts of autumn? What a contrast between the present and fifty years ago. Then the houses were open, large fire-places filled with wood, lodging-rooms through which the air circulated freely, and not unfrequently the snow with it, the tough hardy boys rolling and tumbling in the snow drifts, coasting or snowballing; the girls buxom, with cheeks like roses and eyes sparkling like diamonds, all life, hilarity and enjoyment. The winter school, the spelling and singing schools, the sleigh-rides, the social parties; then were the times and the pleasures freed from the trammels of fashion, and these the houses that made men hardy, honest and brave, and the women the best of wives and the noblest of mothers. The thought intrudes, how will the next generation of mothers compare with them?

In nothing has the change been greater during the last half century than in the quantity, quality, variety and cookery of our food: fifty years ago, even in those families best able to afford luxuries, the daily food was of the plainest, and the cooking of the simplest kind; pastry, preserves, pies, pudding, etc., were rare accompaniments to the common meal, but were reserved for company or extraordinary occasions; killing time was the general feast of the year; what a contrast with the present; we are now wading through volumes of cookery books and exhausting French inventions, to gratify a vitiated and depraved appetite; meats, fowl, fish and game in every variety; stimulating soups, oysters,

to be followed by a rear guard of puddings, pies, ices, fruits, and not uncommonly a bottle of wine for the stomach's ake. All do not partake of this bill of fare it is true, but the appetite is the same, and gratified to the extent of the ability.

Tea and coffee as a beverage with our meals have been charged with producing dyspepsias, neuralgias and other injurious effects upon the stomach, bowels and nervous system generally. I shall content myself with a few extracts compiled by Dr. I. D. Johnson, published in the Hahnemannian Monthly; and permit me to say, that from my personal and professional experience I fully endorse the views presented.

Dr. Johnson says: we are convinced by many years' observation, that very many of the diseases we are called upon to treat, as dyspepsia, nervous and sick headache, heart diseases, paralysis, epilepsy, neuralgia, etc., etc., are the legitimate and certain fruit of these narcotic stimulants.

Hahnemann describes a number of diseases induced by these beverages and assures us, "that they are most insidious and dangerous enemies, which slowly and silently undermine the citadel of life itself."

Dr. Bell says expressly, that coffee has a "pernicious effect upon the stomach, bowels and nervous system generally."

Dr. Shurtleff, of Boston, says, "of all the common beverages drank in society, coffee is decidedly the worst."

Mr. Graham declares, that "both tea and coffee are among the most powerful poisons of the vegetable kingdom."

Dr. Combe observes, that "tea and coffee not only ruin the stomach, but seriously derange the health of the brain and nervous system."

Dr. Teste says, that "coffee is responsible for six or seven teenths of the neuralgias we have to treat daily."

Dr. Johnson reports numerous cases sustaining these assertions, but I have not the time to present them.

The enormous quantities of alkalies that are mixed with our food must irritate, inflame and ultimately destroy the mucous coat of the stomach and produce a train of distressing and alarming diseases.

Buckwheat, that enters so largely into our bill of fare, produces results which call for the careful and serious investigation of the scientific physician. It is a well established fact that from the commencement of the use of this article of food to its suspension,

an irritation of the surface of the body, in many cases eruptions, pustules, boils and even abscesses are the result. What is the agency attached to buckwheat in the production of these symptoms? is it the cause or the remedial agent? has it been the fruitful source of the alarming amount of cutaneous disease with which the race are afflicted? or does it act medicinally in driving back to the surface those impurities that have heretofore been repelled from it? I call attention to this article in this connection, hoping it may lead to further investigation.

The ever changing fashion in ladies' attire must claim a moment's attention. To attempt to trace the changes for fifty years would require more time than I am at liberty to devote to it. The conclusion that every observing man must arrive at, is that if those who design and originate the changes in fashionable dress, wished to destroy the race, their ingenuity could devise no means more successful for its accomplishment: their assaults have been upon the most vulnerable points, and with every change a new position has been exposed to attack. At one period the tight-laced corset to compress the chest and produce a wasp-like form was the rage, and the engine of destruction; and the result was what any sensible man or woman might have anticipated. The lungs were compressed; the circulation impeded; palpitation of the heart; rush of blood to the head; dizziness; epilepsy; apoplexy; congestion of the brain and consumption became so prevalent and alarming that the fashion was generally abandoned. Unwilling to admit defeat, the enemy only changed the method of attack; and if the results were not melancholy, it would be amusing to trace the various changes that have taken place, the sudden contrast; the feet are exposed to wet and cold, through wafer-soled slippers for thick gaiter boots; heavy skirts, containing six or eight pounds of cotton, and their waists and sleeves, low neck and fur hoods are changed for balloon skirts, wadded and padded busts; and an apology of a hat, that grows small by degrees, and beautifully less, until the present style consists of three rye straws tied together by pink ribbons, price twenty dollars! I need not detail the results; every physician knows that much of his practice depends upon the pride and ignorance of the sex in the matter of dress.

Our system of education is wrong, and unless changed, must contribute largely to physical decay; the district-school-houses, where the young idea first goes hunting, are generally small, badly arranged and illy ventilated; as many children are packed into

them as they can contain, of all ages from four to sixteen, perched upon high, hard benches, the smaller ones seldom able to touch their feet to the floor, with nothing to interest them; for six hours in the day they sit in terror of the ferule or whip, scarcely daring to breathe the vitiated air that has been inhaled by fifty pair of lungs numerous times before. They come out in the spring pale, puny and feeble, with a perfect horror of the old weather-beaten school-house; after dragging along a few years in these democratic primaries, they are sent to the academy or seminary to be finished off, where they are "boarded and taught common English for $50 a term, all other branches extra." These "extras" are the destructive elements of the system. These are where the profit comes from, and as many are crowded upon the student as he or she can be induced to take; if ambitious they must rise at five in the morning and study till ten at night, all the relaxation they have is in the hours they steal to practice music and painting; thus they struggle on for two or three years. Is it strange that dizziness, pain in the head, loss of appetite, exhaustion, palpitation, pallor of countenance or hectic flush, sunken eyes, hollow cough and a shattered, broken constitution accompany the diploma when they leave the institute and go home to die, or struggle on for years to recover from the effects of this cramming system? The mind is thus imperfectly educated at the expense of the body. This is all wrong and every humane physician should labor to correct it. Within the last year some improvement has been made in the male department of these seminaries in the matter of athletic exercise, by the introduction of base-ball, and the effect must be salutary; but the females who are to be the mothers of the next generation, still pine and languish for the air and exercise which fastidious fashion denies them. Are you all familiar with the amount of exercise permitted at female seminaries? Some three years ago I had occasion to visit a rural village where one of these institutions is located, containing about one hundred young ladies. I was about to say it was my pleasure, but I correct the expression, it was with sorrow and disgust that I witnessed a scene I shall never forget: the one hundred beautiful and interesting young ladies emerged from the seminary, in double file, with a commandant at the head of the column and one of lower rank in the rear, to see that no violation of decorum was permitted; with as much precision as drilled veterans they marched up the sidewalk for full fifty rods, crossed the street, marched back on the opposite side, recrossed,

entered the institute, the door closed. They had taken exercise for the day. Fathers tremble for your daughters. Do not let me be understood as opposed to the education of our female youth; far from it. It is our pride and boast that the privileges of education are open to all, the humble as well as the high. All our beautiful daughters may have the advantages of a substantial education. But I object to the hurricane, the tornado, the deluge, that break down and destroy all physical resistance. I would have the gentle dew, the refreshing shower, the silent flow that shall nourish, irrigate and strengthen the human mind and develop the physical beauty of America's fair daughters. Then instead of a dwarfed, enfeebled, degenerated, we should have a healthy, intelligent and beautiful future generation of mothers that shall ennoble and perpetuate the race. Physicans, let us use our influence to correct this great error in American society.

It is my firm conviction that vaccination has been a curse instead of a blessing to the race; every physician knows that cutaneous diseases have increased in frequency, severity and variety, to an alarming extent. Not only the ancient forms of eruptive disease, scrofula, psora, erysipelas, salt-rheum, tetter, etc., but new varieties are making their appearance, for which no satisfactory cause can be given, unless they are a compound of all the others, with a sprinkling of venereal to give them respectability; and as contemporaries, a corresponding increase of chronic disease of all the internal organs. To what is this increase owing? Many families transmit disease hereditarily; contagion may account for some of the varieties; in a large majority, however, to no medium of transmission is the wide-spread dissemination of this class of disease so largely indebted as to vaccination.

I hope this subject will be thoroughly investigated by the members of this society.

The clerks and bookkeepers who stand behind the counter or sit at the desk twelve hours in the day, six days in the week, year after year, find but little in such a life to lengthen its duration.

Not only the wealthy, the educated and refined are the subjects of decline and degeneracy. The poor are not exempt from the ills of humanity; far from it. Visit the factories of flourishing, wealthy, refined New England; see the thousands of pale faces and debilitated bodies of the operatives of all ages, from tender childhood to tottering age, shut out from the bright sunshine of heaven; do we find health, vigor and the elements of long life

there? Go to the tenement houses of New York, from the cellar to the attic crowded with poverty, misery, starvation. The poor, srembling, half-frozen, half-starved sewing girls of the attic, stitch, stitch, stitch eighteen hours out of the twenty-four, whose only music is the "song of the shirt," upon whose life the vampires of Chatham street, have revelled, and who go at last to an early grave in Potter's field, or to the dens of prostitution, infamy and shame, and so downward through that den of misery, destitution, intoxication, blasphemy, obscenity, crime, famine, pestilence and death. Do we find vigor, strength and longevity here? all, all is degraded, polluted, loathsome, vile, a vast pool of seething putridity and corruption.

Certain secret vices of youth, to which are given the tender name of youthful indiscretions, are to an alarming extent undermining the health, weakening the intellect, destroying the manhood, and laying the foundation of premature decay, disease and death.

Another cause of declension, physically and morally that is sapping the foundation of life and virtue, is excessive sexual intercourse. One of the ruling passions of the American people is lust. I am aware that in the utterance of this sentiment I place myself in antagonism to Dr. Allen, who in an address before the Social Science Association of Boston, in September last, upon the population of Massachusetts, said, "The population of Massachusetts is only kept up by the influx of the foreign element in their population; while the American portion are rapidly diminishing from the increased number of deaths among American born children and the greatly diminished number of births in consequence of abortion." Another position he assumes and to which I particularly object is, "that the habits, fashions, dress, food, etc., cause the loss of sexual instinct destroy the love of children and the desire to have them."

I must beg leave to dissent from the latter position; my conviction is, that never since man was created has lust ruled with such despotic sway as at the present. It overleaps all the safeguards of society; delicacy, modesty and virtue are becoming obsolete; infidelity to the marriage vow, illicit intercourse and prostitution are alarmingly on the increase. The very causes he presents as lessening the passion increase it. The precocity of the female sex, the forcing hot-bed process of maturing, the indolent habits, heated rooms, high-seasoned food, late hours, the superficial char-

acter of education, the sensational and romantic literature with which they are gorged; the excited imagination, the theatre, the opera, the ballet to which they are early introduced;—the love of dress and the desire for admiration; the scenes they witness, and the descriptions they read, undermine the delicacy and modesty of their nature, fill the imagination and excite the passions. They are educated for marriage, and long before short dresses are discarded, they look longingly forward to matrimony as the consummation of earthly bliss. With inflamed passions, they seek their early gratification legitimately if they can; and only by the closest maternal guardianship and watchfulness and early moral and religious training can illicit indulgence be prevented. If marriage is happily consummated, gratification is so frequently carried to excess, that poor weak human nature sinks into debility, painful decay, disease and death, a martyr to unbridled passion and unlimited indulgence; if maternity is the result, she is illy fitted to sustain its duties, cares and sacrifices; and nought but the philoprogenitive faculty that is simply implanted in her nature enables her to endure them. In a large minority of cases from debility she is incapable of giving sustenance to the offspring she has ushered into existence; and another offshoot of still weaker powers of endurance is left to struggle on against the tide of early decay; and yet this passion seems the last to yield. Am I asked for the proofs of assertions I have made? I refer you to the annals of prostitution, to the numerous instances of infidelity, elopements, divorces, free-love associations, infanticides, abortions, desertions of infants, and every variety of profligacy that would disgrace even Parisian society. In short, all professional observation and experience must convince us that so far from the passion becoming extinct, it is earlier developed, more expressively indulged, and is one of the great causes of physical and moral degeneracy. Shall we stand idly by and see our lovely country women become the victims of lust and raise no warning voice?

Gentlemen, I am aware that I am trespassing upon your patience. I would stop here if I dared, but duty impels me, and I would sooner incur the odium of tediousness than resist the conviction of duty. Bear with me then, while I call your attention to one more cause of degeneracy, not only physical but legal, moral and religious, that is spreading its baleful influence over our fair land; and if its increase for the next quarter of a century equals the last, the worst days of French infidelity and atheism

will be eclipsed by American loathsomeness and corruption; need I say that I refer to that most detestable and criminal practice of artificial abortion. This damnable practice, this offshoot of European profligacy, is sapping the foundation of the health and morals of American society. It is an imported vice, and like other imported fashions, vanities and immoralities is eagerly adopted and naturalized by the wealth and fashion of the land; herein lies its danger; its popularization places it beyond the reach of moral condemnation or legal responsibility; from this high eminence its descent through the lower grades of society is easy and rapid. Every city has its Restells, revelling on the price of blood. A few years ago this vile practice was unknown in the rural districts; now it is the rule instead of the exception. We are importuned daily by all classes to perform this operation. It has become a mania in the community. The highest and the lowest, not only those who would hide shame and escape disgrace, but those who would avoid the penalty of legitimate indulgence. We are as often applied to by the moral and religious Mrs. Prims as by any other class. I envy not conscience that yields to the importunity, or the man that defends or excuses it. The act will be called by the name it deserves, murder. Of all the causes of physical and moral declension none is more blasting in its results. It is estimated that one-eighth of the cases of pregnancy in our land are disposed of in this manner, astounding as this fact is. Where will another decade find us? If the moral indignation of our country is not aroused, the legal power enforced, we shall be demoralized, depraved and degraded, the reproach of the world; all other vices will keep pace. We witness the effect of this practice upon the poor pale faces and tottering limbs we meet at every turn, in the cases of leucorrhœa, prolapsus and ulceration we are called upon to treat, in the water-cures and other kindred institutions that spring up all over the country, devoted to the treatment of this special class of diseases. From this practice and the excess I have mentioned, we can scarcely find a well woman in the community. But this is the least gloomy side of the picture. Could the evil be suppressed, the sick might be healed, the next generation saved, and hope again dawn upon the world. It is the moral aspect of this practice that causes every lover of his race and his country to tremble. The tendency is downward, the end total depravity and ultimate ruin. The woman who solicits and submits to the operation to produce abortion, takes a step in the

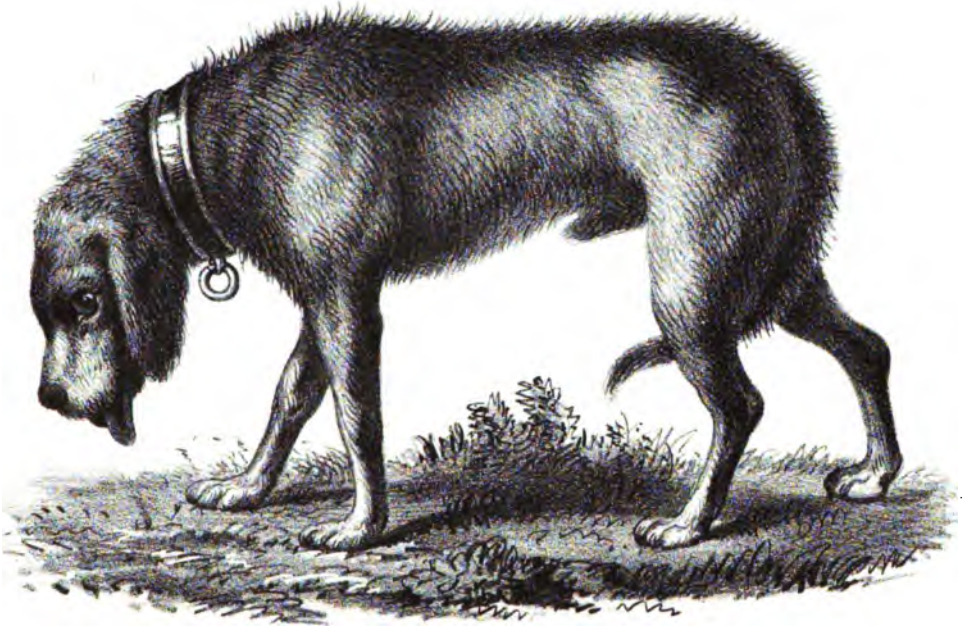
downward course that is seldom retrieved. The moral purity is destroyed; vice is no longer odious. It begets a laxity of moral principle that too often terminates in the indulgence of unbridled passion. The next step is infidelity to the marriage vow. The utter wreck of all moral and religious responsibilities, and the horrors of atheism.

Gentleman, we have a duty to perform, I call upon you as philanthropists, as fathers, husbands, brothers, as physicans, as men, proud of your high position, to set your faces against this horrid practice; I appeal to you by the purity of your wives and your affection for your daughters, to discountenance this abominable evil. Through this more than all other causes combined, the profession of medicine is losing the confidence of the people. That profession must become disgraced, whose members commit or countenance the commission of crime, and the guilty member soon finds his level in the estimation of all honorable and high-minded men. Are we less successful than formerly? has scientific research ceased? is investigation less persevering? that the time-honored profession of medicine is becoming a by-word and reproach among men? none of these. It is because we are temporizing with a vitiated public sentiment. When we doubt a man's moral purity we no longer trust:—so with parties, communities or professions; destroy the foundation upon which confidence rests, and confidence and respect are annihilated.

If we would retain our high, social, moral and professional position, there must be no smell of fire on our garments. We must be above suspicion. We have the entry to the privacy of the domestic circle; but let the doubt once arise of our moral purity, and our influence is gone, the confidence, the trust, the respect a long professional lifetime has acquired, vanish in an hour.

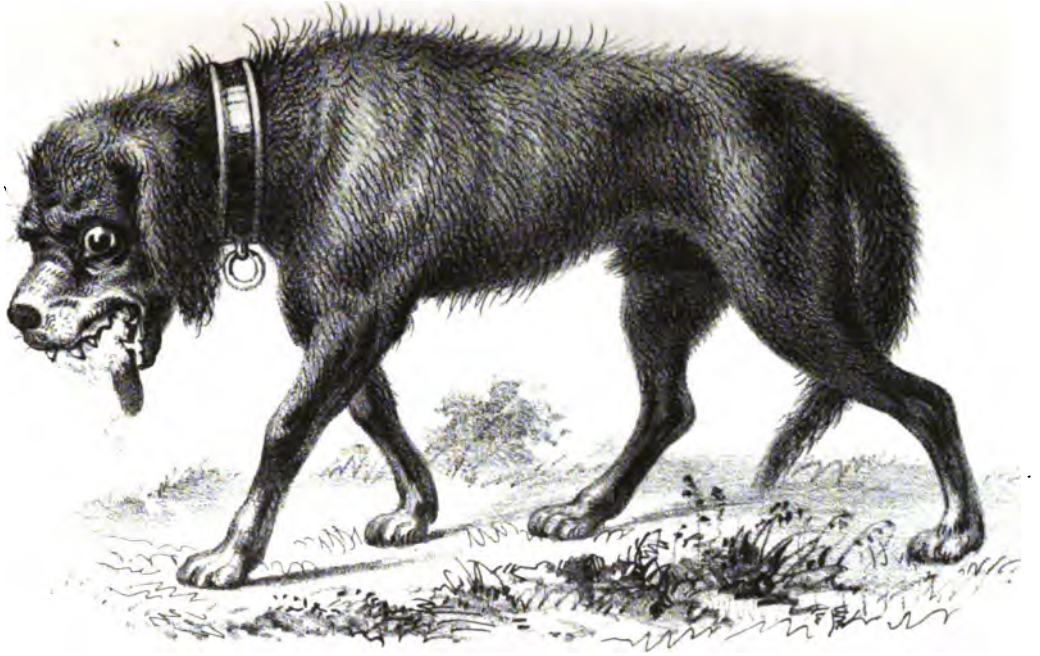
The country is getting alarmed and aroused upon this subject; we already here the mutterings of the press, and the feeble warnings from the sacred desk, the rumbling that precedes an earthquake. Shall we be the last in the field? We wield more influence than all others combined: to us are entrusted the lives of the people; we are the conservators, the guardians of the public health, the sentinels upon the watch-towers; shall we witness the approaches of the enemy and not sound the alarm? If the effort feebly inaugurated shall fail, the sin lies at our door; on us the odium rests.

If we would place our profession upon the high eminence of moral confidence and respect, we will enter into this warfare we will exert the influence we possess, and future generations will bestow upon us their blessings.



Rabies Canina (First Stage)

C. Van Benthuysen & Sons, Albany.



Rabies Canina (Second Stage)

C. Van Benthuysen & Sons, Albany

ARTICLE III.

Hydrophobia. By S. P. HEDGES, M. D., of Chicago, Ill.

The word hydrophobia is from two Greek words, and signifies a "dread of water." Notwithstanding the objections to this word as generally employed, it is perhaps better adapted than any other to the disease as manifest in man.

It would be straining a point, I think, to call a disease hydrophobia, when there was dread of liquids. Yet we are aware, at the same time, that this is only one symptom. A mere dread of water, with difficulty or inability to swallow it, does not constitute hydrophobia or rabies proper. There are other grave and fatal symptoms. But this dread of water is the characteristic symptom of this disease; is always present in man, and very properly gives name to the affection.

But the term rabies is more applicable when dogs and other of the lower animals are affected with the disease. Dogs, when rabid, are never afraid of water, but eagerly lap it up to quench their thirst. They have even been known to swim rivers when rabid.

This disease is not of recent origin. Aristotle mentions it about 400 years B. C. To avoid confusion in writing of hydrophobic affections, authors have made something like the following distinctions: (1) Cases which are *not* the result of the bite of a mad dog, or of the application of any of its secretions to an abraded surface. (2) All cases which *are* the result of such inoculation.

The first are called symptomatic and spontaneous. *Symptomatic* hydrophobia, or simple dread of liquids, undoubtedly occurs in various diseases, as hysteria, tetanus, epilepsy, and angina pectoris. But it differs from real hydrophobia, in that, the dread of liquids come on the same day as the cause which gives rise to it, and is generally cured at the same time with the disease with which it occurs. *Real* hydrophobia, however, has a longer or shorter period of incubation, as it may be, like other zymotic poisons. Symptomatic and real hydrophobia, differ, also, in their etiology, progress, curability, and method of treatment.

That there is a possibility of *real* hydrophobia or rabies arising spontaneously among men, separate from every other disease, and

without inoculation is not proven by reliable cases. The instances reported by Raymond, Roupa and Pouteau, leave doubts as to whether there may have been some inoculation, though unknown to the patient. This is quite probable since we know that the handling of dogs, which were not suspected of being rabid at the time, has resulted in death from hydrophobia. There are very many cases of this kind on record; and it is the fact that the virus may gain entrance in some insidious manner, through some slight abrasion, or crack, or pimple which is not noticed.

The case of a hostler who died from hydrophobia, in England, having, as it was said, never been bitten by any dog, is not of weight as disproving the point. He was an intemperate man, and often laid in a drunken sleep for hours, where the dogs could lick his hands and face. He undoubtedly became inoculated with the poison, and did not have spontaneous hydrophobia.

The case of the man Haly, in New York city, who was taken with hydrophobia while drinking a glass of water, and died in four days, with all the symptoms so characteristic of the disease, has been published. He could not remember of ever having been bitten by a dog. But he took care of horses, and slept in the stable, and was probably inoculated in some manner unknown to himself.

Another case is reported where fatal hydrophobia resulted from untying with the teeth a knot in a rope with which a rabid dog had been tied. Hence it is generally conceded that hydrophobia occurs among men only as the result of inoculation of the specific virus from some rabid animal, and never spontaneously.

And it is generally admitted, on the other hand, that rabies arises spontaneously among the animals of the canine and feline race; as the dog, wolf, fox, jackal and cat. Opposed to this, however, stands Mr. Youatt, the great English veterinary surgeon, who denies that it is ever propagated, except by inoculation, even among dogs. He believes that if you could "perform a quarantine" with each individual, dog and cat, and their species, you might rid the world of the dread disease, hydrophobia.

According to the best authorities, this disease originates among dogs and their species. It is, perhaps, always endemic among them, and perhaps sometimes epidemic. It is a specific, inoculable disease. The pecular poison is contained in the saliva. It has not been demonstrated as to whether the virus comes from the salivary glands or not. As these glands are rarely swollen or

sore during the progress of the disease, and never reveal any morbid signs on sectio-cadaveris, it seems probable that their secretion may not be perverted at all. But, on the other hand, it is quite as evident that the rough, ropy, viscid secretion found so generally in the air-passages of both man and animals, when laboring under this fearful malady, does contain, or is, in fact, itself the peculiar poison. Moreover, *post-mortem* examinations often reveal a state of congestion and inflammation of the larynx, bronchi and trachia, with a copious secretion of this peculiar ropy, viscid sputa, which collects and forms the foam at the corners of the mouth. But this point is not demonstrated as yet. No experiments have revealed the poison as contained in any other fluid or solid in the body. It is not in the blood, as transfusion from rabid to healthy dogs does not cause the disease. Neither is it contained in the mother's milk. The poison is not absorbed through the unbroken integument. But the sputa of a rabid animal must be applied to an abraded or wounded surface somewhere in order to produce inoculation.

As it is important that the practitioner should be able to judge as far as possible respecting the real condition of a dog supposed to be mad, in the event of his having bitten a human being, I quote from the graphic description of Mr. Youatt, the early symptoms of rabies in the dog. "In the greater number of cases," he remarks, "there are sullenness, fidgetiness, and continual shifting of position. When I have had opportunity, I have generally found these circumstances in succession. For several successive hours, perhaps, he retreats to his basket or bed. He shows no disposition to bite, and he answers the call upon him laggardly. He is curled up, and his face is buried between his paws and his breast. At length he begins to be fidgety. He searches out new resting-places; but he very soon changes these for others. He takes again to his own bed, but is continually shifting his posture. He begins to gaze strangely about him as he lies on his bed. His countenance is clouded and suspicious. He comes to one and another of the family, and fixes on them a steadfast gaze, as if he would read their very thoughts. 'I feel strangely ill,' he seems to say; 'have you anything to do with it? or you? or you?' Has not a dog mind enough for this? If we have observed a rabid dog at the commencement of the disease, we have seen this to the very life."

We see also, that the dog early becomes delirious. He sees

spectral illusions. He flies at imaginary objects. He seems often to be to be blind, and runs against fences, etc. His bark seems strangely altered. He gazes wildly about; snaps at everything, and is extremely irritable. He is constantly endeavoring to detach the tough, frothy spittle, which collects at the corner of his mouth. He seems intensely thirsty, and drinks much water. He has a perverted appetite,—eats sticks, chips, hay, stones, etc. The disease tends rapidly to a fatal issue. The muscular powers fail; he reels and staggers like a drunken man; his eyes appear glassy; his tail droops; the tongue is protruded; the respiration hurried and panting; finally, worn out, the animal dies from exhaustion, or in convulsions. The attack lasts from three to five days. The power of communicating the infection lasts for twenty-four hours after death, according to Mr. Youatt. The period of latency in dogs is from two weeks, to four months; average about forty (40) days. Rabid dogs do not always show a tendency to bite, and in the first stages, often wish to lick the face and hands of their keeper.

The accompanying engravings are intended to represent the appearance of a rabid dog in the first and in the advanced stages of the disease.

A dog having bitten a person, if there is a remote suspicion of his being rabid, should be at once properly confined, and by no means killed. If he is rabid, he will die within a week, exhibiting unmistakable signs of rabies. And it saves many misgivings, and anxious thoughts to the person bitten, if, as is often the case, the dog should prove not to have been rabid. And even if know to have been rabid, it is safer to know it beyond a preadventure. Some, however, have concealed this last fact from the person bitten, which might be advisable.

As regards the etiology of hydrophobia, very little, if anything, is known. Cases are now and then arising, which seem to prove that the bite of a merely enraged animal, may cause hydrophobia. But it is improbable. Fear has brought on one or two cases of hydrophobia, but they did not end fatally. The direct cause in man is inoculation, but in dogs, it is believed to arrive spontaneously, as before stated.

Very many causes, have, first and last, been advanced, but no one, nor all of them correspond to the facts of the case. The heat of dog-days has been assigned as a reason. But then rabies is only a trifle more prevalent in the warm, than during the cold months;

besides, the disease is not as prevalent in tropical as in temperate climates. The period of heat—æstue venerie—also was supposed as a cause; but the facts do not sustain the hypothesis. Extremes of heat, thirst, hunger, filth, gangrenous wounds, rage, confinement and various other circumstances have been claimed to account for the disease, as the remote causes of it; yet they are not supported by experiment. Nearly, if not quite, all of these circumstances, and many others, have been inflicted upon animals, yet without any result as to causing rabies. It was from this fact, and his long experience, that Mr. Youatt came to his conclusion that rabies was never spontaneous, even among dogs. Mr. Gillman thinks its originates somewhat after the manner of typhus. Of the causes assigned for this affection, anciently, nearly all are too ridiculous, at this age of the world, to be mentioned.

It is said by some authors, that in Egypt the dogs never have rabies; on some islands, there had never been rabies among the dogs, until it was imported. How these facts are explained, or can be, I do not see, unless we give up the spontaneous theory.

The poison is not peculiar to any one species of dog, nor to any single country or climate. All are affected in the same general way when inoculated with the poison, whether in Europe, Asia, or America; whether north or south. The inoculation in hydrophobia is usually by means of a tooth. But this is not always the case, as has been observed.

The mere licking of the hands may inoculate through some slight and unnoticed solution in the continuity of the integument. In those cases where hydrophobia has followed wounds from the claws of an animal, the specific poison was undoubtedly introduced by the claw being wetted in the spittle from the corners of the animal's mouth.

Hydrophobia will not always follow the bite of a rabid dog. Sometimes but one or two out of several bitten, will have the disease. Of twenty persons bitten by the same rabid dog, only one had hydrophobia. Some persons seem more susceptible to the disease than others.

Idiosyncracy has something to do with it, perhaps. We know some are more liable to the poison of small-pox, measles, and syphilis than others, and the same person, at one time, than at another.

The annual report of the General Hospital of Vienna, for the year 1860, gives 115 persons as bitten by rabid animals, only 25 of

whom died of hydrophobia. Dogs are more susceptible than men. Of twelve dogs and four men bitten by the same rabid animal, all the dogs died rabid, and none of the men. Usually two-thirds of those bitten escape; or, among the dogs, the chances are as two to one.

Bites on the hands and face are more dangerous than on other parts of the body; probably because the animal's tooth, in passing through the cloth or leather, is wiped clean of the poison, which does not enter the wound. Of 153 cases of persons bitten by rabid animals, collected in this country, 94 died; chances here, three to two, nearly.

It become an interesting question as to what animals can communicate rabies and what are susceptible to it. The canine and feline races are susceptible to it in a high degree. They can also communicate it to all other warm-blooded animals, with perhaps few exceptions. Fowls die quickly after inoculation, exhibiting few of the ordinary symptoms of the disease. Sheep cannot give rabies to each other, nor to other animals, according to some authors; also the horse, pig, cow, rabbit, and their kind. This is established by the majority of experiments, though they are some exceptions. It was thought at one time, that rabies could not be communicated from men to the lower animals. But Magendie and Breschet, in Paris, June 19th, 1833, inoculated two dogs with the saliva of a man dying of hydrophobia. One of the dogs became rabid the 27th of July following, and bit two other dogs which became rabid in August. This experiment was authentic, and was witnessed by several medical gentlemen. On another point, as to one person communicating the disease to another, the authority is conflicting.

The weight of homœopathic authority decides that such may be, and has been the fact. Old school writers incline to the opposite opinion. It is uncertain.

In man, the period of incubation varies from a few weeks to several months. Drs. Blatchford and Spoor, of Troy, analyzed eighty-nine cases; the average being seventy days. In twenty-three cases, it was thirty days and under, and in six cases it was over two hundred days.

It is claimed that the period of latency is sometimes much later. One case of five years, and another of thirteen years, are reported. But little reliance can be placed in these last reports. They are so contrary to general experience, that one cannot avoid

the conclusion, that some later inoculation must have taken place, though unknown to the patient.

Dr. John Hunter considered eighteen months as the maximum period of latency. Well authenticated cases are on record, where death resulted from hydrophobia as early as the twelfth, fifteenth and twentieth days after having been bitten. The great majority of cases occur between the twentieth day and the sixth month. After that time, the chances of not having hydrophobia are greatly increased.

The symptoms of real hydrophobia in man, may be divided into local and constitutional. The disease, also, has properly two stages; 1st, the premonitory symptoms, preceding the marked and decided aversion to liquids; 2d, from that time to the closing of the terrible scene. This disease respects neither age nor sex. It destroys the infant at the mother's breast, as well as the aged man of the threescore years and ten.

The wound inflicted by a rabid animal, shows nothing peculiar from other wounds; it heals as other wounds do; and for days and weeks the individual goes about as usual, while the seeds of a terrible death are maturing in his system. This period of incubation, as has already been mentioned, is longer or shorter, according to the idiosyncrasy and susceptibility of the subject. But the zymotic poison is all the time in action—gathering its forces for a fearful development.

The method of the action of this poison, is unknown, though it is most probable that it follows the general course of other zymotic affections.

Many theories have been advanced concerning it, but are only hypotheses at most. Some suppose that the poison rest in the cicatrix as a sort of nidus; and that, after the period of latency has passed, is absorbed, and thus produces its specific results.

On this hypothesis, it is advised to excise the cicatrix, even after the premonitory symptoms have set in.

Others contend that the poison is at once absorbed into the system, and is at all times in action, until the final, fatal result occurs. Others have argued that a double zymosis, as it were, is set up in the system, as in syphilitic poison. After a sufficient period of incubation has passed, the poison may remain latent, until some exciting cause, as mental emotion, fear, or rage, sets the train of hydrophobic symptoms in motion. But usually, after a few weeks, the premonitory symptoms show themselves. The cicatrix begins

to tingle and itch, and shooting pains radiate from it. If the wound is in the extremities, the pain shoots up to the elbow and shoulder, or toward the knee and groin, and from thence toward the heart. As the disease progresses, reddish lines are seen to follow the lymphatics, and often, the nerves. The wound becomes swollen, red, and tender; often a darkish hue, and in few cases, opens afresh, and discharges a thin fluid.

At the same time that these local symptoms manifest themselves, constitutional signs occur. The person feels sick; he has headache, is troubled with bad dreams, is irritable and cross, melancholy; occasional chills follow. And now the disease is in full force, and rapidly advances to the dread conclusion. The second stage of the disease is ushered in by difficulty or inability to swallow liquids. He feels an intense horror for them. The least attempt to swallow will bring on a convulsive constriction of the muscles of the pharynx. The eyes protrude from the sockets; there is a twitching of the facial and cervical muscles. The whole person shrinks back with loathing and dread, while the hand motions away the hateful liquid. Sometimes the patient, with great determination, takes the glass and brings it to his lips, while every fibre of his body is tense with the attempt to govern and restrain the impulse and the pain it occasions; but ere a drop passes his lips, he throws the glass from him with a cry of agony. Or, if a few drops have entered his mouth, he writhes in pain and horror, in the endeavor to swallow them, and all the time is tormented with thirst, while a thick viscid mucus collects in his throat, and keeps him spitting; for he has a dread of even swallowing his own saliva. At this stage of the disease the countenance looks anxious, often convulsed; the eyes bloodshot, wild and glaring; pupils dilated, great aversion to light, or any shining or polished surface, as a mirror. There is a great susceptibility and aversion to sounds, especially the noise of running or pouring of water, clicking of glasses and ringing of bells; but he seldom notices the flow of his own urine, or the noise it occasions, while the same noise occasioned by the attendant will throw him into spasms. The same result is often occasioned by currents of air. They often produce greater discomfort than the dread of liquids. The opening of a door, the movement of a fan, or the breath of an individual, causes acute suffering.

The patient often becomes furious and unmanageable. Occasionally he is inclined to bite the attendants, and cautions them to

be careful, or even requests them to restrain him. All this time the mind does not seem to be affected; consciousness is unimpaired. But towards the close there are paroxysms of rage and delirium. And now all the signs are aggravated; paroxysm follows paroxysm, until nature sinks and death comes from sheer exhaustion. Or he may die suddenly in convulsions from suffocation. Often, however, there is, near the close, a period of quiet, no dread of liquids, no paroxysm, no derangement. He drinks water and sinks quietly off to sleep, and wakes only to die—if, indeed, he ever wakes. This common occurrence disproves the conclusion that the patient dies from thirst. It is evident that a person can go from three to five days without water, when he has moist and nourishing food.

The duration of the disease is from two days to a week usually. During the first stage, the pulse is about normal. But, as the disease progresses, it becomes more rapid, bounding, tense, and finally, before death, small; feeble and quick—from one hundred and twenty to one hundred and sixty per minute. One case differs from another, though in all the same general train of symptoms are found. A remarkable case is reported by Dr. W. W. Gone, Dublin, Ireland, where there was the usual horror of water, and impossibility of deglutition; but all the pain was referred to the genitals instead of the throat. Patient died the fourth day.

Its diagnosis is not difficult. Tetanus is the only disease with which it may be confounded, and here the differential diagnosis is easily made out. The dread of water, which is sometimes sympathetic in tetanus, is never so continuous nor fierce, as in hydrophobia. There is none of the viscid saliva in tetanus. The preliminary symptoms and the history of the case are not like those of hydrophobia. Then, the convulsions of tetanus are tonic, rigid, persistent; while in hydrophobia, they are clonic and intermitting. In tetanus there is trismus; while in hydrophobia the lower jaw is in constant motion. The violence and continued and certain progress of the symptoms in hydrophobia would distinguish it at all times from hysteria.

The prognosis is always grave. Dr. Gross says: "If there is a case of recovery of a reliable character upon record, I am not aware of it." Others, old school authors, whom I have consulted agree with him except Watson (Vol. I., p. 629), who says: "If ever hydrophobia was cured, the credit is due to belladonna." Most homœopathic writers on theory and practice, claim, as reliable, cases cured by belladonna and cedron.

Dissection, after death from hydrophobia, reveals no lesions adequate to cause death. In a case of a young man, examined by Dr. Gross, there was no lesion of the brain, nerve or spine; no signs of imflammation in the trachia or larynx. Others have observed the same conditions. But in other cases, where death was prolonged, the brain and pulmonary tissues have been found gorged with blood; the ventricles of brain full of dark serum; congested condition of the plexus chorides; signs of inflammation in the larynx, bronchi and trachia; also emphysematous condition of the lungs. Again, others have found signs of inflammation of the œsophagus, and of the mucous membrane of the stomach, or the stomach nearly filled with a thick, blackish fluid, like disorganized blood; and even collections of pus in the joints, and a reddish appearance of the pneumogastric and trisplanchnic nerves.

Yet all these appearances furnish very little to add to our real knowledge of the cause of death. They may all of them be the results of the phenomena, not causes; and these reports are so conflicting—scarcely two of them agreeing—that nothing is clearly proved by post mortems. The treatment often, from its very severity, might change the morbid appearance after death, so that they would not be reliable. Thus we gain very little from the pathological anatomy of the subject after death. The question as to where the poison impinges, to cause such fearfully fatal results—upon what tissue or tissues—through what means it carries on its processes—cannot be definitely answered. However, from the symptoms, the cause, and the progress of the disease, and upon general principles, we feel justified in assigning this affection as seated in the nervous centres. The medulla oblongata, the spinalis dorsis, with its pairs of nerves, the cerebellum, and even the cerebrum, with the nerves of special sense, all become deranged, and the whole economy finally succumbs.

The treatment of hydrophobia might be summed up in a few words, if only that which is really proved to be valuable, either as a prophylactic, or as a cure, should be mentioned. The records of medicine prove, that though the disease may generally be prevented, when taken in time, it has very rarely been cured.

Indeed, at the present day, no reliable physician, nor any school of medicine, holds forth any method of treatment as comparatively sure, after the preliminary symptoms have really begun. Even homœopathy, so far in advance of other methods of treatment, has very little to offer here which can afford hope to her patrons,

when so grievously afflicted. There is no specific known for the cure of rabies.

The whole materia medica has been searched to find some agent curative in this disease. And all the most powerful drugs have been tried over and over again—singly, and in various combinations—as though there must be aid brought out of them, if found anywhere.

The vilest compounds have been prepared, in which scores of medicinal and non-medicinal, poisonous and harmless, sensible and ridiculous ingredients have been mixed. But those days have passed. In this as well as in others of the gravest maladies, quacks and charlatans have paraded their "sure cures" before the public, and each has had his day. Governments have interested themselves enough to pay large sums for some secret remedy with which some individual claimed to have performed numerous cures. Even at the present day many believe in the virtues of the "mad stone," but Dr. Mease examines their claims in the "Medical Museum," (Vol. V.,) and denies their having any virtue whatever. The dominant school of medecine have employed the most powerful drugs, without any good results. Bleeding has been tried, even *ad deliquium animi*. They have employed calomel, arsenic, nitrate of silver, camphor, musk, iron, cantharides, turpentine, tobacco, morphine, hydrocyanic-acid, strychnine, opium, chlorine, bromine, chloroform, galvanism, electricity, and one hundred and fifty other drugs. These, as well as tracheotomy have added their failures to the list.

Transfusion of blood from a healthy person has been tried. Injections of the most powerful drugs into the veins, and injections of water at 100 degrees Fah., have both failed. The bite of a viper has been used as a remedy, and failed. Hydro-chlorine or oxy.muriatic acid has been reported as successfully used in hydrophobia. Marochetti, of Moscow, gave genista tinctoria (butcher's broom) and recommended the pricking and cauterizing of little pustules, which he said formed near the orifices of the submaxillary glands, between the third and ninth days after inoculation. Others have not found any such pustules. Scutellaria-lateriflora, (skull-cap,) has been much trusted as a remedy. Anagallis-arvensis (chickweed), leaves of the box-tree, and verdigris, have each been renowned as great remedies, but failed when put to the test, though some of them may act as a preventive. Bromide of potassium has been reported lately by British and American physicians

as having affected cures. It is a powerful agent, and may produce some reliable cures, if anything can.

In our materia medica we have one remedy, which in its pathogenesis is more nearly a specific for hydrophobia than any other. It is belladonna. Hahnemann recommended it, and is said to have performed cures with it. It undoubtedly possesses properties as a preventive, and even in the last stages of the disease, if indicated by the symptoms, will do as well or better than anything else. Stramonium, hyoscyamus, cedron, lobelia, nux-vomica, lachesis and veratrum may also at times be indicated.

The preventive treatment is the only thing which promises success. Happily, surgery has something to offer here, which experience has tested. If the wound is excised within an hour after infliction, and nitrate of silver applied to the cut surface, there is no danger of hydrophobia. Mr. Youatt, whose experience and success are without parallel, relies entirely upon nitrate of silver, which he uses alone. He has never had its use followed by hydrophobia, in four hundred cases. But, perhaps, the excision *with* the cauterization is the best to be recommended. Let the wound then heal kindly. Some advise it to be kept open some time. At what time after being bitten it is no longer practicable to employ these preventive measures is undetermined. But the facts known upon the subject, evince the urgent necessity of adopting early preventive means.

If the wound is deep and among bones of the hands and feet, where it cannot be thoroughly excised, or touched with caustic, amputation should at once be performed. Caustic-potassa, and other caustics may be employed, in place of nitrate of silver. After excising carefully the wound, wash long and thoroughly with clear water, and then apply either a fluid caustic, or the nitrate of silver in stick. For the next two, and perhaps six months, take some preventive, as belladonna, bromide of potassium, or something as well recommended, and dismiss every fear of hydrophobia.

It is reported that the Chinese have a certain cure for this terrible disease. If such is the case the society should take measures to learn what the remedy is.

ARTICLE IV.

Hydatids.* Report of a Case from Practice. By T. CATION DUNCAN, M. D., of Chicago, Ill.

The history and treatment of hydatids is one with which the majority of practitioners are not familiar. Such was my own position when the following interesting case came under my observation. Until quite recently the pathology of the disease has not been fully investigated, or described in medical works; hence I found more than usual difficulty in arriving at a clear and satisfactory elucidation of the case. I have endeavored to give a comprehensive statement of the results of my investigations, embracing the whole subject of hydatids.

Was called March 15, 1867, to see Mr. B——, a Swede, aged 45. Found him with a persistent shrill barking cough, spasmodic at times. The cough seemed to be caused or kept up by a titillation in the larynx. There was profuse expectoration after each coughing paroxysm. At times the mucus seemed hard to dislodge, and vomiting would then ensue. From the posterior nares he would occasionally "hawk" scales of dried mucus and pus, generally streaked with blood. These scales had the appearance as if they came from an open ulcer or raw surface. He had a constrictive feeling about the upper part of the throat; but little appetite; little thirst; bowels regular, moving once each day, although the stool was small in quantity; pulse 110, small and wiry; night-sweats at times, but not persistent. All his symptoms were aggravated at night, giving him but little rest. He could not lie down, as the recumbent position caused a choking sensation. No dispnœa when sitting erect, except during the coughing paroxysms. His symptoms were greatly aggravated in cloudy, damp weather. He was irritable, anxious and foreboding. He was much emaciated.

A careful examination of the chest detected a slight dullness in the upper part of the left lung. Much mucus in the bronchi. All other parts of the chest seemed in a normal condition. The action of the heart was regular, but rapid and strong. The throat

* Read before the Cook County Medical Society.

had the external appearance of being swollen. The least pressure on the thyroid cartilage gave rise to great sense of suffocation. The posterior part of the pharynx was much inflamed. In the opinion of the patient the disease was located in the larynx. Tartar emetic[3] was prescribed.

Subsequently I obtained the history of this interesting case as follows: Eleven months before the date of this prescription, while engaged in the evening in leveling soil in a lot, he became greatly fatigued, having already performed a hard day's work. As a result of fatigue and exposure to the evening air, the patient contracted a severe cold, which speedily developed an attack of pneumonia. While yet weak he resumed work on a bridge near a slaughter-house where hogs were the principle animals killed, a fact which assisted in the elucidation of the case. He was then suffering from paroxysms of coughing, during which he began to experience difficulty in breathing. His appetite began to fail and his bowels became irregular. On application to a physician large doses of cathartic remedies were given to dislodge a tapeworm, which, it was alleged, was the cause of his sufferings. Abundant shreds of mucous membrane was the nearest approximation to a cestoid obtainable. The injury to the bowels resulting from this treatment, must have been very great. Another physician, to whom he applied, gave him to understand that he was suffering from dyspepsia. The cough meantime had greatly increased, and in addition he had night-sweats, symptoms which lead still another physician to aver that the patient was suffering from phthisis pulmonalis, and for the relief of which he prescribed expectorants and remedies to be taken by inhalation. He next applied to a quack doctor, who gave special attention to the treatment of catarrhal disease, and he pronounced the disease to be bronchitis. He consulted several other physicians who prescribed various expectorants, alteratives, astringents, etc.; also, patent medicines *ad infinitum*. He had come to the conclusion that his disease was phthisis.

The case was one of considerable interest. The diseased lung did not seem to me to account entirely for the rapid pulse. The symptoms of disease in the throat and bronchial tubes seemed to be most serious. The catarrh, so called, consisted chiefly of the expectoration of scales of hardened mucus, and was considered of minor importance. By the advice of several physicians, strong caustic inhalations had been employed, which, in my opinion, had induced chronic laryngitis. I was somewhat puzzled to determine

Fig. 1
Size, shape, and natural appearance of the cyst

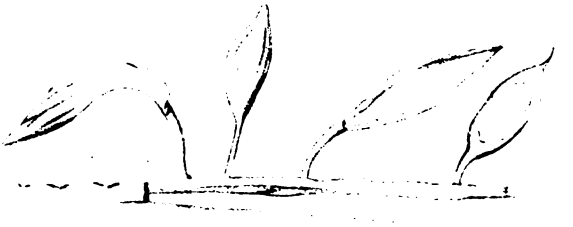


Fig. 2
Size, shape and natural appearance of the pear-shaped bodies attached to the inner walls of the cyst.

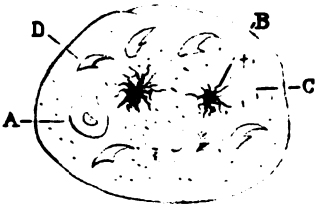


Fig. 3.
Debris found in the vial containing the cyst, consisting of
A. Epithelium
B. Fat crystals.
C. Granular matter.
D. Hooklets.
Magnified 200 Diameters

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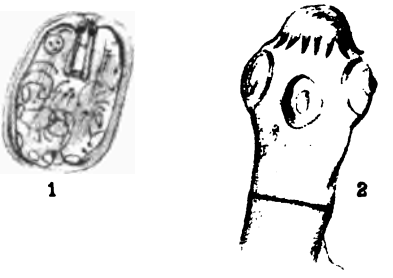

Fig. 4.
1 Head retracted.
2 Extruded head. Magnified

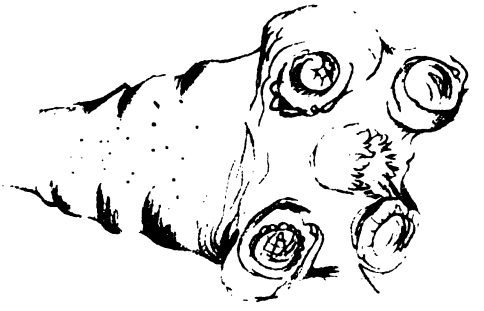

Fig. 5.
Head of Tænia showing discs and hooks, the latter in the centre. The hooks are shed when old.

Fig. 6
Eggs and embryos of the Tænia Solium

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the cause of the rapid pulse, profuse expectoration, and sense of suffocation on lying down. Phthisis could occasion the rapid pulse and profuse expectoration, but not the constriction. Withal the disease in the lung seemed to be inactive. Chronic laryngitis and bronchitis might cause the profuse expectoration and constriction, but hardly the rapid pulse and other symptoms.

Not satisfied, I avoided making a diagnosis and concluded to affiliate my remedies and await results. Nitric acid controlled the night-sweats; tartar emetic relieved somewhat the paroxysms of coughing and expectoration was easier from its use. Hepar caused the scales of mucus to disappear for a time. The pulse never numbered less than ninety-eight per minute. Belladonna, mercurius biniodide, sepia, sulphur, phosphorus, pulsatilla, kali bichromicum and kali hydriodicum, were all resorted to, but none of them relieved the principal symptoms of the disease. Tartar emetic was the only remedy which seemed to be of benefit, loosening the mucus and making the paroxysms of coughing easier.

On April 21 all the symptoms became greatly aggravated. Could sleep only when sitting bolt upright in bed. No appetite, in fact he could not swallow, the food passing immediately into the larynx. The paroxysms of coughing were frequent and very distressing to witness. The sound of the cough indicated constriction of the larynx and a sensation of being suffocated. He was greatly alarmed, fearing a fatal termination by suffocation. I could give nothing that afforded even temporary relief.

Early on the morning of April 25, during a severe paroxysm of coughing he felt something break in his throat, and immediately a large mass came into his mouth which he vomited, or rather spat into a small (half-pint) pitcher, filling it completely. He unavoidably swallowed several small pieces, detatched from the large body, before reaching the pitcher. The cyst, for such it proved to be, was placed in whiskey for preservation and my examination. The patient thought it resembled the large scales of hardened mucus which he had frequently expectorated. On examination I found the substance to consist of a thick fibro-membranous cyst, having the form of that portion of the larynx above the vocal cords. See figure 1. In connection with the tumor, there was a considerable quantity of pus and shreds of mucous membrane. The body of the tumor, as will be seen, was divided into many parts, and the surface of each of these parts, both inside and out, were studded with pear shaped pedicles. See figure 2.

Many of these pear shaped bodies or vesicles were detached and formed quite a copious sediment, which I examined microscopically. The vesicles were lanceolate in form. The walls were composed of a homogeneous granular matter, tough, fibrinous and very thin, supported by a rounded pedicle, which was found firmly imbeded in the walls of the cyst. Many of these vesicles were found filled with serum; a portion of them were entirely empty. In the sediment I also found epithelium of the respiratory tract, oil globules, pus corpuscles, mucus corpuscles, crystals of fatty matter, chloride of sodium, small circular masses, and small peculiarly shaped hook-like bodies. See figures 3 and 14. The walls of the large cyst presented, under a lens of high power, a striated appearance. To the unaided eye the walls were of a dirty, white color, while the small vesicles were quite yellow. From the form and appearance of the cyst, and particularly the presence of the hooklets, I concluded that the disease from which the patient was suffering was *hydatid*, located in the larynx.

His symptoms diminished in intensity; his appetite returned; he coughed much less; could sleep in the recumbent position; the pulse was reduced to 98; and for a few days a favorable termination seemed quite probable. In a few weeks, however, I discovered a gradual though sure aggravation of the case. Hepar, kali hydriodicum, camphor and natrum muriaticum were each faithfully tried with a view to the prevention of the development of another cyst, the growth of which seemed inevitable. All the symptoms clearly indicated the formation of another hydatid cyst in the larynx near the site of the former one. His strength now began to fail rapidly, and I soon discovered that he would not be able to put forth the severe effort required to dislodge another cyst even if able to bear the local irritation resulting from its full development.

About the first of August he determined, notwithstanding my remonstrance, to try the effect of a short trip on the lakes. He thought that his condition would be quite as comfortable in his own vessel as if he were to remain at home on the land.

An examination at this time of the larynx, with the laryngoscope, revealed an hydatid cyst near the site of the former one. All my efforts to dislodge it were unavailing. Local anæsthesia were resorted to; caustics were applied to it, but without success; and he persistently refused to allow an operation to be performed for the removal of the mass.

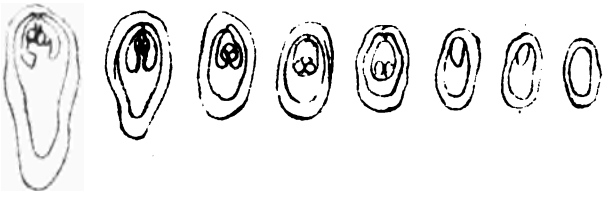

Fig. 7.
Progressive development of the ovum of a Tænia Solium in its cysticercal state

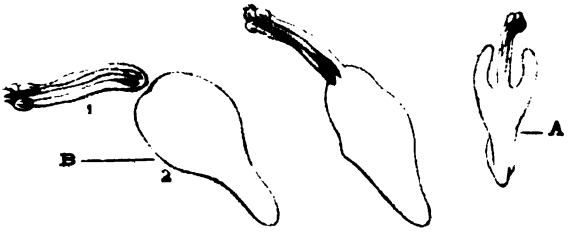

Fig. 8.
Early development of Tænia
A. Cyst digested off.
B. Separation of caudal sack
1. Head and undeveloped joints
2. Caudal sack.

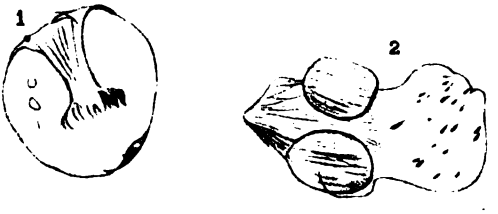

Fig. 9
1. Head retracted
2. Head extended
Magnified 215 diameters

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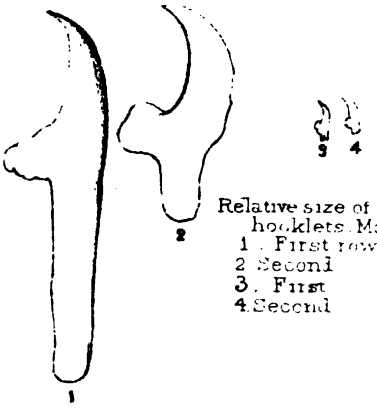

Fig 10.
Relative size of cysticerci and echinococci hooklets. Magnified 400 diameters
1. First row of hooks of cysticercus
2. Second do do
3. First do echinococcus
4. Second do do.

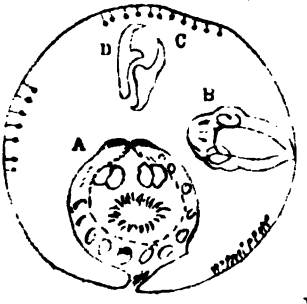

Fig 11
Echinococcus
A. Stalk independent. Head retracted
B. Free, with the vascular system
C. Hooks of the first row
Magnified 400 diameters
D. Hooks of the second row.
Magnified 400 diameters
The small tree points indicate moving echinococci, those attached to the sides of the cyst are scolices, natural size

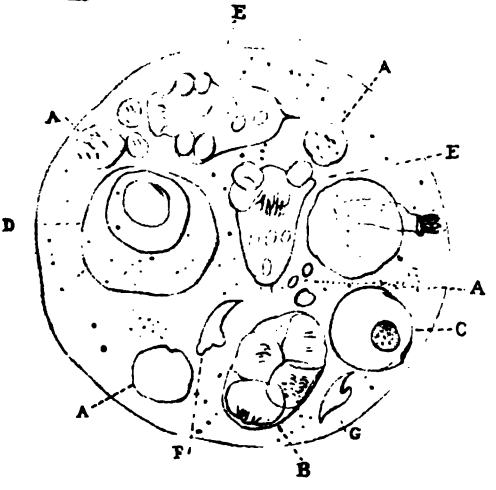

Fig 12
Echinococcus: Cyst diminished.
AAA.A. Daughter cyst. Vesicle natural size.
B. Same with echinococci. Magnified
C. Same with grand-daughter Vesicle. Natural Size
D. Illustrates the further process of nesting
E.E. Isolated free echinococci
F. Hooks. First row. Magnified 400 diameters
G. Hooks. Second row do
The dots indicate the small echinococci which swim freely in the fluid of the cyst.

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A new diseased spot was now discovered in the centre of the left lung. As the spot rapidly increased in size I became convinced that it was the seat of another cyst. His speedy death seemed only a question of time. His first experience on the lake seemed encouraging. During the first two days the distressing symptoms were somewhat ameliorated; he could breathe much easier, owing, no doubt, to a cooler and denser atmosphere. On the third day he was seized with great pain in the region of the heart. All substances he attempted to swallow passed into the larynx. He lived eight days without taking food, sitting bolt upright, and continually gasping for breath. Occasionally, during the distressing paroxysms of dyspnœa and coughing, he fainted away. He died from asphyxia on the ninth day, the dyspnœa, pain and cough continuing to the last.

On the following day his chest was greatly distended and discolored. He was buried in Canada. No post mortem was made. Had he remained in Chicago I would have made an autopsy, his consent having been already obtained.

Our literature on this subject is not abundant or satisfactory; indeed, so little is really known of the pathology of this disease, that in reading the views of numerous authors it is difficult to determine what is true and what is merely theoretical speculation.

Hydatids.

Definition.—The term signifies a water-vesicle. It was early applied to vesicles found principally in the liver. The finding of such cysts or water-bladders in the human body gave rise to a great deal of speculation as to their nature and origin.

History.—These cysts were noticed by Hippocrates and by him called "growths." The writings of Aretæus, Celsus, Galen, and Rhazes (the Persian), contain references to these vesicles. But Morgagni is the earliest writer who really gave them much attention. His pages are filled with descriptions of post mortem examinations of these cases. The novelty of finding such vesicles in the human body seemed to stimulate him to thoroughly investigate this subject. Dr. Tyson, in 1691, treats the subject of hydatids at length. He imagined them the larvæ of an insect. Dr. Hunter, in 1793, seemed to have obtained a definite idea regarding the nature of these "water-bladders," Linnæus, Cuvier, Laennec, Rudolphi and other naturalists of their times classified

them as animalcules. It was reserved for Küchenmeister and Von Seibold to simplify the subject and make clear many of its dark points. This result was aided by a paper of Dr. Schleissner's on the nosography of Iceland. He detailed at great length an endemic disease prevailing in Iceland caused by the hydatid. He stated that two out of every three persons in the whole island were suffering horrible deaths by the presence of enormous hydatid cysts in different parts of the body. Men, women, children, dogs, cattle, and even wild animals were affected with them.

This report directed the attention of all the pathologists of the day to this novel subject. The result is, that we now have, scattered through medical works, a pretty clear history of the nature, origin, and development of hydatids.

Description.—Aside from the fact of finding these cysts in all parts of the body, the attention of investigators was first particularly attracted to the various sizes of these hydatid cysts. Some were quite small while others were of enormous size. The small ones were only found at post-mortems or when they appeared superficially and varied in size from a shot to that of a bean. On cutting into one of these small cysts a small globular body was found surrounded by and containing an aqueous fluid. The investing membrane was found quite thin. The larger cysts were found invested by a very thick membrane, sometimes composed of two or three layers. A large quantity of liquid was always found within them, and floating in the liquid was often found a number of smaller cysts, and on cutting into these, others were found within them, floating free or attached to the inner surface of the wall.

This marked difference in the size and contents of these hydatid cysts lead to the calling of them by different names. The smaller ones were termed cysticerci, and the larger ones echinococci.

Characteristic of the Cysticercus.—On placing one of the small cysts or cysticerci, stripped of its fibrous envelope, under a microscope of a low power and gently pressing it between two glass slides, a head was extended. This experiment proved that the smaller cysts were animals with retracted heads. See figure 4.

Further magnified, the head was found surmounted with four disk-like depressions. The head was also found surmounted with two rows of hooklets. The length of the neck varied with the age of the animal. See figure 5. The similarity of this head with

that of the tænia early called out remark. The cysticerci were supposed to be natural to the human body. Their similarity to "measles" found in pork, lead to the belief in the identity of the two. It was a well known fact that persons and animals, after eating "measly pork," would soon be infested with tape-worms. Küchenmeister fed one of these cysts—cysticerci—to a dog, and on killing the dog shortly afterwards, was gratified in finding an immature but unmistakable tape-worm. This experiment and others, proved conclusively that the cysticerci were undeveloped tape-worms. The similarity of the heads proved an identity. They were now looked upon as young tape-worms, which had left the intestines of the animal infested and had pierced their way to the muscles, as the young trichinæ are supposed to to. But an examination of the liver and other portions of animals infested with tape-worms, did not verify the supposition. An examination of a proglottides (section of a tænia), proved this animal oviparous. Now experiments were made with the proglottides, and in a few weeks the flesh of the animal fed with the ovum of a tænia, was found infested with many cysticerci. The missing link of the chain was found at last. It was therefore found necessary to the development of a hydatid cyst or cysticerci that the proglottides be torn, (figure 6,) the ovum set free and carried into the body, either by the food, air or water, when once having found its way into the body it would develop as a cyst only. See figure 7. Then to form a tænia the digesting off of the cystic envelope is necessary. This can only be done, however, by passing through the stomach of some animal. See figure 8.

Characteristics of the Echinococcus or Hydatid.—Having established the fact that the smaller cysts were the larvæ of the tænia, the term hydatid was only applied to the larger cysts. These experiments threw no light on the larger cysts or true hydatid, but on the contrary only shrouded the subject in greater mystery.

The hydatid cysts, as the larger ones are now called, were found to be more complicated. They were not usually unicysts like the cysticerci, but multilocular; and as we have before stated, were found to contain cysts within cysts. On opening one of these pear like shaped cysts attached to the inner wall, a small globular body was found closely resembling the cysticerci animal, on pressing which a head was extended having similar disks or suckers, and surmounted with similar circles of hooks. See figure 9. The principal difference noted was the smallness of the animal and still

smaller hooklets; a glass of a much higher power than the one employed being necessary to make them out. See figure 10. The head of the cysticercus is surmounted with two distinct rows of hooklets, so placed that when once seen can never be mistaken.

The contents of those floating free were, debris, hooks not attached to anything, phosphatic salts and fatty matter. See figure 3. The hooklets were found anywhere in the liquid. There was no appearance of head, neck or suckers. For a time these latter cysts were looked upon as a new species and termed acephalocysts, but recently they have been considered specimens of the cephalocysts as those containing a head were called. The similarity of one of the acephalocysts to a blasted cysticerci lead to the correction. It is surmised that an acephalocyst is one in which the echinococci had died after attaining a certain size or age; so that there is no necessity for the term acephalocyst.

One marked peculiarity about these large cysts, which vary from the size of a marble to that of an orange, is, that not only may there be small cysts attached to the inner walls of the large cysts, but also there may be smaller cysts within the second mentioned cysts. Thus there may be cysts within cysts, and others within the latter. See figure 12. How far this peculiarity may extend I do not know. They are named respectively mother cysts, daughter cysts and grand-daughter cysts. The grand-daughter vesicle is the innermost cyst yet discovered. Possibly there may remain others to be brought to light, and merit the observation with regard to a parasite upon a parasite by Hudibras:

> "So Naturalists observe the flea,
> Have other fleas that on him prey,
> And these have others still that bite 'em
> And so proceed *ad infinitum*."

The shape of the hydatid cyst is not the same in all localities. In the liver and brain the form is nearly globular; in other localities they are pressed into various shapes. In the case described in this communication, as will have been observed, the contour of the cyst was conformed to the inner surface of the larynx. The daughter and grand-daughter vesicles are ususally spherical in shape.

Under the microscope the walls of all these vesicles present a striated appearance, (see figure 13,) and consist of fibrous layers superimposed one above another, increasing in number as the cyst advances in age. See figure 14. The ultimate structure of the

wall seems to be homogeneous or, at most, granular. The inner surface of the walls presents a rough, granular appearance, and if gently scraped granular masses may be detached, which under the microscope prove to be young echinococci. See figure 11. These granular buds grow into pear shaped vesicles. They seem to grow as buds or offshoots from all the internal surface of any of the vesicles, principally, however, from the internal surface of the mother vesicle. See figure 15. This bud-growth is very peculiar, and is at present imperfectly explained, and has occasioned a great deal of speculation. This peculiarity distinguishes the hydatid from all other cysts or vesicles.

The person before mentioned as so successful in discovering the origin, nature and manner of development of the cysticerci turned his attention to the echinococci. An hydatid (echinococcus veterinorum) was fed to dogs with the expectation of developing some one of the variety of tænia, but what was the astonishment of Von Siebold to find a tænia hitherto unknown. He remarks: "The examination of these dogs after death proved that the scolices (vesicles) of the echinococcus veterinorum when conveyed into the dogs digestive canal do not perish, but under certain favorable conditions develops into sexually mature tapeworms, possessing only a couple of joints. After feeding, they passed without obstruction from the stomach into the small intestines of the dogs, where, in proportion to the number of scolices (single buds) administered, they were found in immense numbers fully extended from their recepticles, whereas, when in the interior of the parent vesicle, they were almost always found retracted within it.

"After remaining from fifteen to twenty days in the alimentary canal of the dog, these scolices, which, when administered, were without joints, exhibited a two-jointed body. At the expiration of twenty-two days, the body divided into three joints, and from this time forward these little tape worms ceased to increase in length or to become further divided, whilst sexual organs began to appear in the two posterior of the three articulations. The development of the eggs in the sexual organs of these little worms became visible on the twenty-sixth day, and the embryo appeared on the twenty-seventh. See figure 16.

"With the maturity of their sexual organs, and the division of their body into three joints, producing only two proglotitides, I concluded that these worms had attained their perfect state, from

the fact that amongst these three jointed little tapeworms in the small intestine of the dog, I discovered several which had, on the twenty-seventh day, thrown off the circlet of hooks. The loss of this apparatus amongst tæniæ furnished with it is proof of mature age.

"When I endeavored to classify the tapeworms which had been developed from the scolices of the echinococcus veterinorum, and which did not exceed one and a half lines in length, there was not a single species of tæniæ among the number admitted by helminthologists with which they agreed. I was soon convinced that this small species of tapeworm had been hitherto overlooked by helminthologists, for it cannot but be admitted that this transformation of the young of the echinococcus into sexually mature tæniæ may take place independently of artificial feeding. In our slaughter-houses similar scolices must certainly often find an opportunity of entering into the intestinal canal of dogs, the echinococcus vesicle cut out of the viscera of the slaughtered animals and thrown away, being, no doubt, frequently devoured by the former. It was such a brood of tænia, developed from the young of the echinococcus, that Rudolphi probably saw when he believed he had discovered in the intestines of a dog, young tapeworms, which were assumed to have been developed by equivocal generation from the villi of the mucous membrane.*

"The little three-jointed tapeworms which Röll twice found in dogs, and which were not long ago described by him as young individuals of *tænia serrata* must also of a certainty have owed their origin to scolices of the echinococcus veterinorum.

"The specific form of the hooks of the circlet of the scolices of the echinococcus veterinorum as well as the very small number of proglottides (joints) generated by them, justify me in considering the tæniæ developed from these scolices as a distinct species which I have denominated tænia echinococcus.†

Beale, in his work on The Microscope in its Application to Practical Medicine, (a valuable work,) page 263, states that, "The echinococcus has been found to be the immature condition of the tænia echinococcus, a minute tapeworm found only in the dog and wolf. See figure 17. This tænia is about one-fourth of an inch long and consists of only four joints including the head, which has four suckers and a circle of hooks. The eggs contain a six-

* See his Entozoorum sive verminum intestinalium historia naturalis. Vol. I, p. 411, 1808.
† Von Seibold on Cystic vel Tapeworms. English edition, pages 73-5.

Fig. 13.
Transverse section of the walls of a mother and daughter versicle.

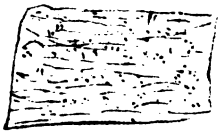

Fig. 14
Wall of cyst, showing many layers

Fig. 15
Hydatids from the liver of an ox.
Magnified 40 diameters

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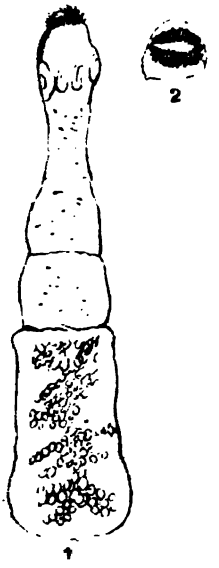

Fig 17
Tænia echinococcus
Circle of hooklets, suckers and three joints
Magnified 15 diameters

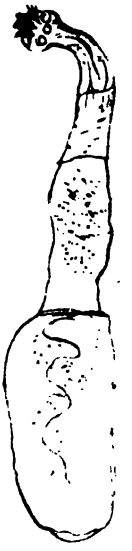

Fig 16
Tænia echinococcus
1. Full size. Showing sexual system circulation, three joints, and head surmounted by hooklets.
2. Crown of hooks. Highly magnified A View of both rows of hooklets

Fig 18
Ovum of the
Tænia echinococcus

Fig. 19
Section of a hydatid wall, pear-shaped vesicles attached containing echinococci
1 Individual vesicles on single foot stalks
2. A grand daughter vesicle

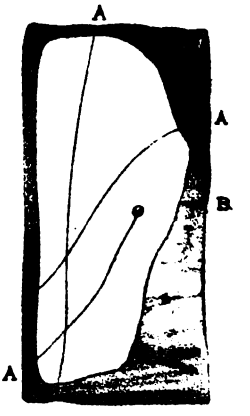

Fig. 20
Section of brain.
A A A Track of Hydatid.
B Hydatid

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hooked embryo which does not develop into a cysticercus, but into a sphericle vesicle containing a granular material. See figure 18. The echinococcus are afterwards developed by budding from the inner wall of the vesicle." It will be remembered that the inner wall is lined with granular elevations.

To repeat, we have first, the ovum; second, the spherical vesicle; third, the hydatid; and fourth, the minute tænia.

As with the cysticercus, the hydatid must pass through the stomach in order to have its investing membrane digested off before it can become a tænia, and the ovum must also pass through a stomach before it can become a hydatid. The investing membrane might possibly be torn off, but passing through the stomach is the most natural way of setting the ovum free.

One species. Küchenmeister and Von Seibold both describe two species of *echinococcus*, the veterinorum and the hominis. The former is found in animals, and the latter in man. Von Siebold inclines to the opinion that they are the same; also, that the different species of cysticerci are the larvæ of one tapeworm.*

S. A. Jones, M.D., of Englewood, N. Y., to whom I am indebted for many facts, and one who has given this subject much attention, informs me that echinococcus hominis has been found in animals, and the echinococcus veterinorum in man.

He adds, "I have specimens of the T. echinococcus and its ova." So now they are really deemed the same species.

Now the question arises, how can these hydatids get into the liver, brain and other parts of the body? This is easily explained, for when sections of this tapeworm are passed the ovum may dry up, and float in the air, swim in the water, or stick to the surface of fruits and vegetables, and thus get into the stomach. The tough membrane is proof against much ill usage, as heat, cold and wet. Having entered the stomach the investing membrane is digested off and the ova set free.

By the aid of its six hooks, which are early observed, it can work its way through the villi into the twig of a bloodvessel, and when once there, it will float along in the blood current to the liver, or elsewhere, then stick into a capillary and develope into a huge hydatid. See figure 20.

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* On this latter point we refer the reader to the very careful experiments of Von Seibold, recorded in his work on Tape and Cystic Worms, Sydenham Society Translation, age 57 *et seq.*

Frequency. Cases of hydatid met with in this country are very rare, only three being on record. In 1857, Dr. Ellis, of Boston, reported a case where the cyst was located in the lungs. If we now return to the case of Mr. B——, we will find that this cyst bears a close resemblance to the hydatid cyst. The hooks are identical, and the serum and debris are the same. The buds upon the inner walls are, or would be similar if filled with an echinococcus. We think it safe to conclude, that this is a rare specimen and case of hydatid.

The question would naturally arise, where could he, in this country, meet with an ovum of the tæniæ echinococcus? It will be remembered that just before he was taken ill he had worked near a slaughter-house. Then we must bear in mind that he was a Swede, although not recently from his native land; still it is altogether probable that some of his newly arrived friends had imported dogs, undoubtedly infested with tæniæ echinococcus, so that the chances of his drinking, breathing or eating an ovum of this tapeworm were certainly favorable. Concerning its choice of a location, the local inflammation in the throat would tend to carry the floating ovum to the mucous membrane of the larynx, and when once located, its growth and developement was simply a question of time.

Symptoms. I had no suspicions of a hydatid cyst being in the larynx until it was ejected. On examination by the laryngoscope, in the early stage of the disease, the cyst might have been revealed. Even then a difficulty was in the way, that was, his tongue could not be dragged forward sufficiently to see beyond its root. It was difficult, before he left for the lake, to make any examination at all, on account of the swollen tongue and very sensitive pharynx.

As far as I can learn there are no pathognomonic symptoms of hydatids. The symptoms generally point to the presence of a foreign body, but that is generally all. If the cyst is large and located superfically, so that percussion may be resorted to, we detect a fluctuation, but that is about all the light we can get. The presence of the hooklets is the only positive evidence that the cyst is that of a hydatid.

Just here I would like to correct a statement made in the fifth volume of Transactions of this Society. The writer says (page 203) that hydatids are the result of impregnation. He is referring

to the human ovum. Moles may be blasted human ovums, but hydatids never. We have seen that they are immature tapeworms.

We can easily conceive how they may be found in the uterus during gestation, as during that time there is a larger afflux of blood to that organ than at other times. The hydatid ovum may be carried along in the blood current to the uterus, and then be lodged in the capillary vessels of the decidua. It might possibly get into the developing ovum, if living in Iceland, where two-thirds of the inhabitants are infested with eschinococcus, we should expect to find blasted human ovums and hydatids being discharged from the uterus.

Treatment.—When we are certain that we have a case of hydadid to deal with, the question arises, what remedies are indicated? If the cysts are located superficially, they should be removed with the knife or caustics.

In Iceland, when the cysts are thought to be in the brain of sheep, cattle, dogs, or other animals, a trocar is thrust in, and the cyst is evacuated, thereby relieving the distress.

In some cases the knife has been used even when the cysts have been located in the lungs, liver and other organs. When the cysts are deeply seated, iodide of potasium, mercurials, natrum mur. and camphor have been tried for the purpose of destroying the echinococcus or arresting their development, but without avail. The result in Mr. B——'s case proves, I think, the inefficiency of remedies, affiliated never so closely. The remedy may yet be found. In the materia medica we have laid down for cystic tumor-excrescences, agaricus, antimonium crud., baryta, calcarea, graphites, hepar sul., kali, magnetism, nitric acid, sabina, silicia, spongia, sulphur.. There may be, and doubtless are, drugs that will destroy this animal in the hydatid state, but as yet they are unknown to the profession. Here is a field open for investigators in our school; a field in which we can work as no other class of medical men can, weighing as we do the importance of every minute symptom and development.

Prognosis.—This is usually grave, especially if the cyst is located in any of the vital organs. There are cases on record where the echinococcus has died and the cyst disappeared, but such cases are rare indeed. Patients have carried these cysts eighteen years, but in the majority of cases the local irritation is so great that inflammation is set up, the whole system sympathizes,

digestion is impaired, assimilation is interfered with, and the patient dies of starvation, or of irritative fever.

As remarked at the outset, I have not attempted an elaborate essay, but only a clear, comprehensive view of the subject of hydatids. At some future time I may prepare a complete monograph on helminthology.

ARTICLE V.

A Case of Occlusion of the Vagina. By G. D. BEEBE, M. D., Chicago, Ill.

November 17, 1864, at the request of Dr. D. S. Smith, of Chicago, I saw a patient suffering from mechanical obstruction to menstruation. The patient, married, aged twenty-eight years, gave the following history: About one year previous she was taken in her first labor at full term in a small town in central Illinois. The labor providing tedious, the local practitioners attempted the application of the forceps, and on the failure of one, application was attempted by another physician, and on his failing, by a third, who, in turn failed to effect delivery. Craniotomy was then resorted to. The fœtus was removed but not without great laceration of the soft tissue of the mother, who was placed in bed, the limbs being tied together, and in that condition required to await results.

An intense degree of inflammation followed, attended by sloughing and echymosis of the abdominal walls, with fœtid discharges. In response to the earnest appeals of the patient that an examination might be made for the purpose of ascertaining whether the case would not admit of some remedy, the attending physician directed that the nurse should make an examination and report to him the condition of the parts; which, however, only resulted in a continuation of the expectant plan of treatment, and although a fatal prognosis was announced the patient survived, and after three months recovered. She had not, however, menstruated since, though having strong symptoms at each recurrence of the proper menstrual period.

Examination revealed a cicatrix occupying the entire space from the urethra to the rectum and from its unyielding density seemed to extend along the track of the vagina as far as a rectal examination could be carried with the finger.

Operation—The patient was anæsthetized, placed in the position for the operation of lithotomy, a metallic sound was placed in the urethra, and with a finger in the rectum the dissection was carried

by horizontal sweeps of the scalpel backward and upward following the natural curve of the vagina until a depth had been reached as great as was deemed consistent with safety. The os uteri was, if reached, so indistinctly defined as not to be easily recognized, and bearing in mind that it may have been as severely lacerated as the vaginal walls, I determined to wait the further pressure of the menstrual flow to guide me. The external incision was made as illustrated by figure 1. A bougie of the size and form of figure 2 was retained in the wound. The inflammatory action was controlled by aconite and arnica administered internally and the local application of calendula lotion.

The patient improved so favorably that in twenty days she was allowed to return to her home in the central part of the State. Just at this juncture her husband was prostrated by an attack of pneumonia, and in her anxiety for his safety, the bougie was dispensed with and the vagina soon closed again by granulation, thus rendering the operation a total failure.

Second operation—May 5, 1865.—The patient again returned to Chicago and solicited a repetition of the operation. The parts presented much the same appearance as when first examined, and the operation was essentially the same, save that the os uteri was recognized, and the silver bougie was so constructed as readily to admit atmospheric air, and thus facilitate the formation of mucous membrane.

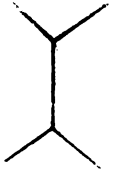
This operation was followed by considerable peritoneal inflammation, which was controlled by aconite, arnica and arsenicum. The patient was soon again dismissed with the injunction to continue to wear the bougie for the ensuing ten or twelve months. The menstrual flow was soon re-established, and the patient continued to do well, though suffering somewhat from symptoms which she was pleased to insist were due to prolapsus of the uterus.

May 10, 1867.—Two years after the operation I again saw the patient. The vagina had contracted somewhat at the upper portion, but retained the dimensions of the bougie, and I was assured answered all the natural functions of the organ.

This operation is by no means new. Mott of New York, Meigs and Randolph of Philadelphia, and Evart of Charleston, have each recorded cases, but I am not aware that any of them have been successful beyond establishing a sinus for the escape of the menstrual flow.

The homœopathic remedies contributed greatly to the success

Fig. 1.



Lines showing the form and extent of the external incisions.

Fig 2.

Perforated Bougie . Full Size.

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of this favorable result, as of all severe operations, by speedily controlling inflammatory conditions and promoting the reparative process; while the importance of having the bougie perforated to admit atmospheric air, and thereby favor the formation of a mucous lining to the dissected surface, cannot well be over-estimated.

ARTICLE VI.

Provings of Erechthites Hieracifolius. By E. M. HALE, M. D., Chicago.

This plant, some mention of which appeared in the second edition of the "Materia Medica of the New Remedies," has never been fully proven. At the time of its first mention in the above named work, no physiological experiments had been made, and very little clinical experience had been obtained with it in the homœopathic school of medicine.

This is the only species of erechthites found in the United States. It was described by Linnæus as the senecio hieracipolius, and is very closely allied to that genus.

Its medicinal analogues, so far as our knowledge of its action indicates, are asarum, copaiva. cubebs, eryngium, erigeron, petroleum, senecio, trillium, terebinthina and uva ursi. For botanical description and medical history, see "New Remedies," page 16.

I have found a trituration of the oil to be the best preparation, (ten drops to ninety grains.) In the third trituration it acts very promptly.

In my remarks on the empirical uses of the plant, on page 317, "New Remedies," the following will be found: "It would be interesting to know whether a proving of this agent in dynamic doses would elicit the hæmorrhagic, gastro-enteric and urinary symptoms, for which it is so popular."

The following provings, although made with large doses, elicit some important gastric and genito-urinary symptoms.

These provings show it to be indicated in certain kinds of gastric irritation, frontal headaches, morning diarrhœa, irritation of the genital and urinary organs, etc. The preparation used in these provings was a tincture of the leaves, a very mild and unirritating preparation compared with the oil. From the symptoms elicited, it is easy to imagine that a more extended proving, with a stronger preparation, would have resulted in causing important physiological disturbances.

Proving by T. J. Merryman, student of Hahnemann Medical College, and member of the North Western Provers Association. Sanguine temperament; robust constitution; twenty-two years of

age; regular habits; eat three meals per day; food consisting mostly of animal and farinaceous substances, without condiments or stimulating drinks; sleep seven or eight hours in twenty-four; only exercise is a walk of from one to two miles every day.

The weather during the proving being very fine. No prevailing epidemic. General health for some time previous has been good. Bowels regular once or twice a day. Urinate three or four times per day, quantity collected in twenty-four hours was forty-seven ounces, having a specific gravity of 1020.

November 18th, 1867.—Took second decimal dilution prepared from tincture erechthites, twelve drops before each meal, and repeated the dose before going to bed.

November 19th.—Slept well during the night. Towards morning had protracted erection, with dreams of nudity and shame. Took four doses of twenty-four drops each. Had an extravagant appetite. Feeling of increased strength and desire for exercise.

November 20th.—Erection and dreams occurred similar to those of the preceding night. Day symptom about the same as yesterday. Took four doses during the day of 48 drops each.

November 21st.—Slight pain in the stomach soon after retiring last night. Took three doses during the day of one hundred drops each, having taken in all one ounce. Pulse somewhat accelerated. Feeling in the stomach as if it would be dissolved, after drinking cold water. Urine collected in one day was forty-two ounces; acid.

November 27th.—I obtained another quantity of tincture of erechthites, second decimal, and took two doses of ten drops each

November 28th.—Towards morning had a protracted erection. During the day had a strong appetite, with a desire for exercise. Took two doses of twenty drops each.

November 29th.—Towards morning had an erection, dreams and an involuntary emission. Took four doses of twenty drops each.

November 30th.—Had an enormous appetite. Took three doses of forty drops each.

December 1st.—Slight burning pain at meatus urinarius during micturition. Took no medicine.

December 2d.—Took three doses of forty drops each. Bowels regular, appetite good.

December 3d.—Took two doses of forty drops each. Slight burning pain at meatus urinarius during micturition.

December 4th.—Took no medicine. Quantity of urine voided during the day was fifty-three ounces. Acid reaction, with a specific gravity of 1025.

December 5th.—Took no medicine. Bowels somewhat constipated (previously regular). Urine voided during the day, thirty-three ounces. Specific gravity 1026.

December 6th.—Took no medicine. Urine voided during the day, thirty-seven ounces. Specific gravity 1024.

Second proving—January 6th, 1868.—Weather fair, health good. Took tincture of erechthites, four doses of ten drops each.

January 7th.—Took four doses of ten drops each. Slight stimulation of the genital organs. Apparent increased flow of urine.

January 9th.—Took four doses of twenty drops each. At noon urine contained a large amount of mucus, which could be seen floating about in minute particles. It had a specific gravity of 1024. Acid reaction. After standing a few hours it has a milky appearance. The quantity voided during the day was forty ounces.

January 10th.—Took forty drops before breakfast. This dose was followed during the day by three more of twenty drops each.

January 11th.—Took no medicine. Slight looseness of the bowels, which have been unusually constipated since the second day of the proving. This might be considered as an effort of the powers of nature to overcome the accustomed effects of the drug; as occurs after the discontinuance of an habitual stimulant or narcotic.

Third proving—January 28th, 1868.—At 9 o'clock A. M. I took two hundred drops of tincture erechthites in half a glass of water. Half an hour afterwards I felt a slight uneasiness in the stomach as if nausea was about to set in; but it soon passed away and I felt no farther inconvenience that day.

January 29th and 30th.—Bowels were somewhat constipated. Appetite remains good.

January 31st, A. M.—Had griping pains in the bowels followed by three copious discharges of yellow fœcal matter, about the consistency of mush. This was followed by two or three days' slight constipation.

Proving by J. M. Cunningham, student of Hahnemann Medical College, and a member of the "North Western Provers Association." Twenty-one years of age; of a sanguine temperament; good constitution; regular habits; takes three meals per day;

food consisting mostly of meat and farinaceous substances; exercise moderate; state of health, previous to the proving, *very good.*

December 12th, 1867.—Took erechthites heir., first decimal, prepared from the tincture. During the day I took three doses of ten drops each. This was repeated for three successive days, without any perceptible effect.

December 16th and 17th.—Took twenty drops three times a day.

December 18th and 19th.—Took forty drops three times a day, without any perceptible effect.

December 20th.—Took 80 drops before breakfast, and repeated the dose at noon. At 8½ o'clock P. M., I took three hundred and thirty drops, having taken in all one ounce. In about one minute after the last dose I felt a decided *giddiness* with *nausea*, which continued about five minutes. At 9½ o'clock I had a dull *frontal headache.* At 10 o'clock there was *throbbing* of the temporal *arteries*, with *flashes* of *heat* running across the back from one shoulder to the other. The sensation of *heat* suddenly gives way to that of *coldness*, which darts across the back and face in a similar manner, accompanied with *nausea.*

At 10½ o'clock I retired. The chill gradually decreased until I fell asleep. The next morning I wakened feeling well as usual. About nine o'clock I was attacked with a dull *frontal headache*, which continued all day with increasing severity. Next morning I felt well as usual.

Second Proving—January 6th, 1868.—Weather fair; health good. Took tincture erechthites, three doses of ten drops each.

January 7th and 8th.—Took three doses of ten drops each, without any apparent effects, except an *increased flow* of *urine.*

January 9th.—Took three doses of twenty drops each. Urine voided in twenty four hours was *fifty-six* ounces; acid reaction; specific gravity 1026.

January 10th.—Took three doses of twenty drops each, without any additional symptoms. Bowels slightly constipated during these provings.

Third Proving—January 28th, 1868.—At 9 o'clock A. M. I took 200 drops of the tincture of erechthites, without any perceptible effect. I attended lectures and felt in every way as well as usual.

Resumé of Symptoms.

1. Feeling of increased strength and appetite, and a desire for exercise.

2. Flashes of heat running across the back, followed by coldness, etc.

3. Dull frontal headache, commencing at 9:30 A. M., and continuing all day.

4. Headache with throbbing in the temporal arteries, with flashes of heat running across back from one shoulder to the other. The sensation of heat suddenly gives way to coldness, which darts across the back and face in a similar manner, accompanied with nausea.

5. Extravagant appetite.

6. Slight uneasiness of the stomach, as if nausea was about to set in.

7. Slight pain in the stomach at night.

8. Feeling in the stomach as if it would be dissolved after drinking cold water.

9. Nausea with giddiness.

10. Nausea with headache.

11. Constipation.

12. Slight looseness of the bowels.

13. Copious diarrhœa of yellow fæcal matter, of a mushy consistence, preceeded by griping in the morning, followed by two or three days' constipation.

14. Erection, and dreams of nudity and shame.

15. Erection with dreams, and emission towards morning.

16. Stimulation of the genital organs.

17. Slight burning pains at meatus urinarius, strong micturition.

18. Urine increased.

19. Urine contained a large amount of mucus floating about in minute particles. Specific gravity, 1024; acid reaction; 40 ounces per day.

20. The urine after standing has a milky appearance.

21. Urine decreased from 42 ounces to 33 ounces.

22. Specific gravity of urine increased.

ARTICLE VII.

Provings of Atropine, with Observations on Clinical Cases. By E. M. HALE, M. D., Chicago, Ill., Honorary Member of the Homœopathic Medical Society of the State of New York.

The following provings of atropine were made under my direction, during the winter of 1867–8, by several students of Hahnemann Medical College.

It is evident that experiments made with drugs by persons engaged in the study of medicine must be much more reliable than when made by persons ignorant of anatomy and physiology. The location of the pains and abnormal sensations, and their peculiar character is described with greater accuracy than can possibly be done by any of the laity.

It is our conviction that all of the active or isolated principles of plants, alkaloids, resinoids, etc.; should be proven separately. Not because such constituents can produce symptoms which the original plants containing all the constituents, cannot produce, but because it is useful for us to know the scope and sphere of action of the isolated constituent.

We do not believe that atropine can produce all the symptoms of belladonna, because it does not contain all the medicinal forces or constituents of the plant. To the mere chemist, who cannot discern anything left in the plant after the atropine is extracted, this assertion may seem absurd, but the chemist looks at drugs from a point of view widely divergent from the close physiological experimenter. On the other hand, it is doubtful if belladonna can fail to produce all the symptoms of atropine, because it contains atropine.

We quote the following from Dr. Wood,* whose opinion as an allopathist is entitled to respect. His views are the same as those of the chemist, because he fails to recognize the peculiar value of physiological provings. His opinion is at variance with my own, (above explained.)

He says: "The effects produced on the system by atropine *are exactly those of belladonna*, only that they occur more promptly and are relatively much more powerful. Thus the alkaloid gives evidence of its operation in twenty minutes, while the powdered leaves or extract, usually require half an hour. Its action con-

* Therapeutics and Pharmacology, Vol. I. p. 808.

tinues from twelve to twenty-four hours, or longer. One-sixth of a grain taken into the stomach generally produces symptoms of a somewhat violent character, as accelerated pulse, dryness and stricture of the throat, dimness of vision, with dilated pupil, giddiness, abnormal sounds, phantasms, delirium, and sometimes numbness and tingling of the extremities, with depression of the circulation and temperature of the surface."

With the exception of the words in italics, the above remarks are very correct, but if we were called upon to state our opinion of the difference of action, we should say that atropine acted chiefly upon the nervous system alone, without causing those aberrations of the circulatory apparatus, fever, chills, congestion, etc., which are so constantly observed in belladonna. These observations have reference to the pure alkaloid atropia, and not to the sulphate of atropia. The salt of atropia, by virtue of its compound character, might give rise to symptoms not belonging to belladonna or the pure alkaloid.

Pharmacological Observations.—Atropine may be prescribed in several different forms. It is generally prescribed and dispensed, in the homœopathic school, in the form of triturations, made on the centissimal scale; though third preparations being more generally used. The first and second decimal triturations are evidently not safe enough to be in general use.

Another and very convenient preparation is a dilution of the alkaloid. In the absence of any officinal formula adopted by our schools, we have used the following preparation: To 100 drops of alcohol add one grain of atropia; this we call the mother tincture. One drop of this is added to 100 drops of alcohol making the 1st c. For adults this strength can be used, either by mixing a few drops in a glass of water, or in saturated pellets. For children pellets saturated with the 6th c. dilution act admirably.

Clinical Observations.—While we should never think of prescribing atropine in febrile state, acute exanthemata, inflammations, erysipelas, and some other similar states, where belladonna is indicated, we have a very high opinion of the prompt curative action of atropine in neuralgia, local congestions, painful spasmodic affections, paralytic or spasmodic affections of the sphincter muscles, nervous jactitations, hyperæsthesia, and other abnormal states having their origin in the nervous system. In these last named conditions the atropine acts much more promptly and satisfactorily than belladonna. Many of my western colleagues prize the atro-

pine very highly in painful and spasmodic affections in which belladonna is indicated.

Those who wish to consult the literature of the allopathic school relating to atropine, are referred to the last six or eight volumes of "Braithwaite's Retrospect."

Homœopathic literature is very reticent concerning the effects and uses of this article. In the July number of the "British Journal of Homœopathy," will be found some excellent experiments of Dr. Harley (allopathist), which throw considerable light on its action.

The following provings are, we believe, the only ones yet made in the homœopathic school. By comparing them with the pathogenesis of belladonna, it will be seen how closely they approximate. Some estimate may also be formed of the extent of the sphere of action of each.

First Proving, by W. S. Moffat, Medical Student.—July 3, 1867, I commenced experimenting with atropine. Am 21 years of age; nervous temperament; good constitution; somewhat subject to gastric and bilious derangement. Do not habitually use tea, coffee, or alcoholic stimulants; labor, mental; take meals at regular hours, three times a day; also, free exercise in the open air. Hours of sleep, from 11 P. M. to 7 A. M.

At one o'clock, P. M., took five grains 3d decimal trituration of atropine. No symptoms.

At three o'clock, five grains 3d decimal trituration. No symptoms.

July 4, three P. M., took five grains 2d decimal trituration. Shortly after taking the drug, I experienced a sensation of dryness in the throat, with a feeling of fullness and pressure at the temples. While reading a book the letters gradully grew indistinct and seemed wavering before the eyes. These sensations were succeeded by vertigo, in consequence of which, I was obliged to lie down. Fullness of temples and also of forehead, with very slight pain; can scarcely walk am so dizzy; pupils somewhat dilated.

Again, during the same afternoon, took five grains 2d decimal trituration, which I had difficulty in swallowing on account of dryness of the throat. Drank part of a glass of water which seemed to taste like atropine. Dull pain in the temples, coming on at intervals of perhaps a quarter of an hour and lasting a few minutes. This pain is not severe, but seems like a deep, heavy pressure; at other times, it is a steady tension in the anterior cerebral region, as if the brain was being pressed outward in all directions.

Slight nausea, lasting but a few minutes; these coming on again after an interval of half an hour. Slight numbness and prickling in the hands, extending to the tips of the fingers. The prickling soon ceased, but the numbness continued and increased, till in a short time there was complete loss of sensation. Lost the power to estimate distances, either by the eye or touch; touching an object does not produce the slightest sensation. Upon attempting to place the hand upon a table, cannot tell when the hand touches it. Continual opening and shutting the hands and grasping at imaginary objects in the air. Thrusting pins into the skin causes no sensation of pain; water, either warm or cold, glides over the surface of the body without moistening it or producing any appreciable sensation. This anæsthesia continued several hours.

Loss of sensation in the buccal cavity, with complete loss of taste. When swallowing water from a tumbler, I could not be persuaded that I had drank any until convinced by looking into the glass. Teeth feel "on edge." Excessive dilation of pupils; eyes appear fixed and glassy; entire loss of power to compare objects with the eye and determine their respective distances. In attempting to walk, would reel and stagger, catch at objects which appeared to me in close proximity, but which in reality were far from my reach; would often stumble over objects, which to me, seemed to be many feet away.

Immediately upon closing the eyes, after retiring, the mind would become filled with strange and fanciful ideas, rambling, incoherent speech, spectral illusions, with frequent fits of wild, uncontrollable laughter. The delirium and spectral illusions continued through the night, during which time I fancied myself afflicted with epilepsy, and was constantly fearful lest others should discover my unfortunate condition; was nearly oblivious to all that transpired during the latter part of the night, but know from the bruises received and the sensations of pain occasionally experienced upon coming in contact with a stove, chair, table or some solid body, that it was passed in the wildest delirium.

July 5, 6 A. M.—Feel as though awakened from a dream; pupils very much dilated; spectral illusions continue; frequently, through the forenoon, thought that persons in the room spoke to me, and would carry on conversation with these imaginary beings; am absent-minded and forgetful. When conversing, after partly finishing a sentence, was often obliged to stop and inquire what I had been saying; while talking with persons they suddenly van-

ish. Jerkings of muscles, particularly those of the legs, arms and face. While attempting to drink from a glass, my arm suddenly contracted and the water was spilled. While walking, the flexor muscles of one or both legs would suddenly contract, throwing me to the ground; do not dare to walk across the room for fear of falling.

12 M.—Most of symptoms abating and reason is slowly returning. Eyes intolerant to light; pupils still much dilated; can see to read a little, but after a few words the letters grow indistinct, and am obliged to close the eyes to rest them; feeling of pressure in the anterior part of the head still continues.

July 6.—Pupils continue somewhat dilated. Slight twitching of single muscles.

There remained for several days a difficulty of fixing the attention upon anything for more than a few minutes at a time, after which no more symptoms were noticed.

Second Proving—August 7, 1867, 8 P. M.—Took one grain 2d decimal trituration. No symptoms, except slight dryness of the fauces.

August 8, 8 P. M.—Took one grain 2d decimal trituration. In a few minutes a feeling of dryness in the throat, causing constant inclination to cough. Swallowing water affords momentary relief. 9 P.M., dull pain in the eyes, and slight pain in the temples. 9.15 P.M., retired. Slight pain in the eyes continued for about two hours, accompanied part of the time by an unpleasant sensation of fullness and pressure in the anterior part of the head, making me restless and uneasy. Continued tossing about and changing position in bed; did not sleep any till near morning. Dryness of the mouth, and that continued through the night.

August 8, A. M.—Arose feeling uneasy and unrefreshed. Sensation of fullness in the forehead still continues. There has been at no time, either in this proving or the preceeding, any throbbing of the carotids or arteries of the head. Eyes feel wearied; pupils dilated. Dizziness upon moving the head quickly. These symptoms continued through the day.

Augnst 9, 8 P. M.—Took one-half grain 2d decimal trituration. In a few minutes, dryness of the fauces seem extending over the whole mouth.

10 P. M.—Head feels full and uncomfortable.

12 midnight.—Sharp pain under the right eye, with slight pain in the temples; head hot; pupils widely dilated.

1 A. M.—Retired and slept soundly until morning. 7 A. M. Head

feels dull and unpleasant; pupils still dilated; dimness of vision; dizziness upon moving the head suddenly.

August 10, 6 P. M.—Slight pain in the anterior superior cerebral region, coming on shortly after taking the drug, continuing through the night and next day.

August 11.—Took none of the drug, Dull pain in the head continues, with dizziness upon moving suddenly.

August 12.—Slight pain in the anterior part of the head through the day.

8 P. M.—Took one-half grain 2d decimal. Dull pain in the eyes and head; pupils dilated; no other symptoms.

August 13, 8 P. M.—Took one-half grain 2d decimal. No other symptoms than slight fullness in the front part of the head and dilation of pupils.

August 14, 10 A. M.—Took one grain of 2d decimal. In a short time dryness of the throat and feeling of pressure in the anterior and superior cerebral regions.

12 M.—Numbness of fingers with partial loss of sensation; cannot tell when I am holding small objects in the hand; hands feel dry and glossy; pupils dilated; cannot see to read. After looking at objects a few moments they become indistinct and fade from view. Dryness of the throat has extended over the entire buccal cavity; mucous membrane of the lips dry and parched; water affords no relief. Dizziness when attempting to walk; mouth very dry, so dry that upon inserting the finger, it will not be moistened. Food all tastes alike, like sawdust; tastes dry and cannot be swallowed except by washing it down with some liquid, owing to the deficiency of secretion of saliva.

7 P. M.—All the symptoms have gradually abated, till now there only remains a dull, heavy pain in the forehead, slight dilation of pupils and dimness of vision.

August 15.—No more symptoms.

Third Proving, C. S. Fahenstock, Medical Student.—October 20.—Temperament, nervo-bilious; health, good; habits, regular; uses little tea or coffee; does not use alcololic stimulants; pulse from 80 to 85.

December 5, 1867, 11:20 P. M.—In usual health; pulse 85; took one grain 1st decimal trituration atropine. 10:45, pulse 96; 11:05, took one-fourth grain 1st decimal trituration. Dryness of tongue and fauces immediately after taking second dose.

When asked to protrude the tongue, he does it with difficulty and only after considerable effort; cannot move the tongue about

in the mouth at will. Thick, viscid or slimy mucus in the mouth; stoppage of secretion of saliva; smoking does not bring any saliva into the mouth; pulse 124; pupils somewhat dilated; slight sweetish taste in the mouth.

11:30.—Throbbing in the temporal regions; head hot; pulse 130, but not so full; small quantity of thick, frothy, white sputa is ejected at intervals; slight nausea; deep-seated dull pain in the back part of the eye; smoking does not excite any flow of saliva; hands feel smooth and glassy; pupils considerably dilated; fauces and uvula red; drops of white mucus sticking to the uvula; mouth very dry; no thirst; cannot feel the passage of water through the mouth or throat when drinking; pulse 113, not so full, but harder.

12 M.—Slight pain in the temples; dryness of mouth has increased and now extends to the lips, which feel dry and parched; food is tasteless; pulse 100, natural in character.

12:15 A. M.—Pulse 104; some vertigo; buccal cavity feels hot; other symptoms the same. 12:30.—Fell asleep while lying upon the sofa. 2:30.—Awoke very dizzy; cannot walk across the floor but stagger toward objects for support; same slimy taste in the mouth; can see but little; pupils considerably dilated but contract readily under the influence of light; pulse 104; retired for the night.

December 6, 7 A. M.—Awoke still feeling quite dizzy; was restless and uneasy through the night, but slept considerable of the time; dull, heavy, aching pain in the eyelids, not severe. Eyelids feel sore, are red and congested; pulse 86, full and soft; tongue slightly coated white; uvula red; thin coating of viscid, slimy, white mucus over the entire buccal cavity; could swallow no breakfast on account of deficiency of buccal secretions to moisten the food.

7:30.—Can drink water without difficulty, but produces no sensation in the mouth or throat except a slight feeling of coldness; is scarcely aware when he swallowed it. Feels drowsy and not inclined to speak or move about.

8:30.—Has slept most of the time since last record; took one and one-fourth grains 1st decimal: walked about a mile to college.

9:30.—Pupils a great deal dilated; eyes look glassy and congested; eyelids swollen; tongue thickly coated with whitish mucus; same numbness and partial loss of sensation in the fingers; feels as though he were holding a book in his hands which he is afraid he will drop; upon taking a small object, as a pin, into

his hand, it appears to him as though there were five or six of them; sensation of fullness in the anterior part of the brain; mucous membrane of nose dry; slight nausea.

11:30 A. M.—Pulse 108; tongue trembles when protruded from the mouth; dilation of pupils is increasing; can see but little; some vertigo.

12:30.—During the last half hour has had several slight spasms of the muscles of the limbs and one of the entire body.

1:30 P. M.—First noticed diplopia.

6 P. M.—Mind has been wandering considerable of the time through the afternoon; often thinks he is spoken to and answers imaginary questions. He had eructations tasting like the yolk of eggs, at intervals through the day; pupils still dilated; can see but little; appears dull and stupid.

8 P. M.—Mouth and throat are becoming more moist; the slight pain in the eyes still continues; it is as if the eyeballs were pressed from without in every direction.

10 P. M.—Pulse normal; has taken a cup of strong coffee; can see to read coarse print a few moments at a time; any sudden noise startles him; mouth and nose is quite moist.

December 7, 8 A. M.—Has had profuse urination for the past twenty-four hours; excessive secretion of saliva; neuralgic pains commencing under the left orbit and running back to the ear, lasting perhaps ten minutes at a time and then disappearing for fifteen or twenty; these have been noticed for several hours; throat feels raw and irritated; has had several paroxysms of coughing, caused by the collection of mucus in the throat, occurring once in fifteen or thirty minutes, attended with the difficult expectoration of a thick, tough mucus; after coughing, burning in the throat; mucous membrane of the throat slightly darker than in health, and presents a mottled appearance; pupils are still dilated; can see to read quite distinctly for a few moments, after which the letters, words and lines run together and become indistinct.

No more symptoms were noticed, but the prover was absent-minded at intervals for several days, and found difficulty in fixing his mind upon any subject for more than a few minutes at a time.

Fourth Proving, C. H. Chamberlain, Medical Student.—October 26.—Constitution good; habits regular; sanguine temperament; seldom uses stimulants of any kind.

December 6, 1867.—In usual health; pulse 72.

10:45 A. M.—Took two grains 1st decimal trituration atropine.

10:50.—Pupils have commence to dilate.

11.—Pulse 80; flushed face; burning in the face; slight vertigo and pressure in the temples, with little or no pain.

11:20.—Pulse 116; tongue and mouth dry; considerable vertigo, particularly upon turning the head suddenly; feeling of warmth as of a glow through the thoracic region.

11:40.—Pulse 112; pulse considerably dilated; vertigo increasing.

12 M.—Pulse 112; mouth and tongue very dry, with great difficulty in swallowing; same symptoms continued with little change till 6 o'clock, when the prover took a light supper, having to wash each mouthful of food down with water, being unable to moisten it otherwise on account of the deficiency of saliva. For the past two hours has had occasional spasms of the voluntary muscles, particularly those of the extremities.

9 P. M.—Retired.

10 P. M.—Has been nervous, wakeful for the last three hours; hurried from bed and vomited profusely; easy vomiting of a watery fluid, tasting bitter at first, nearly tasteless afterwards; during the vomiting, very severe sticking pains in the umbilical region; vomited about five minutes and then staggered back to bed.

11 P. M.—Another similar attack of vomiting; very slight pain in the temples and eyes; eyes feel swollen, and pain in eyes and temples slightly increased with each pulsation of the heart.

12 M.—Hurried from bed by urgent desire to stool, followed by very copious watery stool coming with a gush. This stool relieved the pain in the umbilical region.

2 A. M.—Another copious stool.

3 A. M.—Fell asleep.

7 A. M.—Arose and immediately had another copious, watery stool. During the night had the following symptoms: Spectral illusions; picking at the bed-clothes as if searching for something lost, with confused mutterings; tongue thick, cannot articulate distinctly; bright flashes before the eyes immediately upon closing them.

At times, while it seemed to him that he was fully conscious, saw persons at the bedside and slowly reached out to grasp them, but his hand would pass through the object and no sense of touch tell him that there was any material in the apparition; saw books and newspapers and tried to grasp these, but they would either

recede or the hand would come in contact with them and feel nothing.

8 A. M.—Ate a light breakfast; throat has been quite sore for the past six hours; pain upon swallowing. 12 M.—Has had slight vertigo at intervals during the forenoon; pupils still dilated with diplopia; upon looking at a newspaper, the letters seem to expand and contract with each pulsation of the heart; can read but little.

1. P. M.—Secretion of saliva normal; symptoms all better; after this no new symptoms were noted, but the prover continued absent minded at intervals for nearly a week afterwards.

Fifth Proving, J. M. Smith, Medical Student.—October 20.—Nervo-sanguine temperament, light complexion, blue eyes; habits regular; takes but little active exercise, labor being chiefly mental.

December 10, 1867.—In usual health; pulse 78. 11 o'clock, A. M., took 2 grains, 1st decimal atropine. 11:30.—Pulse 68; slight feeling of fulness in the throat. 11:45.—Pulse 130.

12 M.—Pulse 136; heart's action greatly increased. 12:15.—Pulse 138. 12:30.—Dined; had great difficulty in swallowing food on account of non-secretion of saliva; food will remain in the mouth for minutes without becoming moistened in the least; eyes considerably congested, but the pupils have scarcely commenced to dilate; slight pressure in the temples; feels better sitting or standing than lying down; vertigo at intervals lasting but a moment at a time; vertigo caused by turning the head quickly; feels dull and not inclined to move about or to converse; feeling in the head as though the temples were being pressed from without; pressure worse on the right side. Tip and edges of the tongue light red; tongue trembles when protruded from the mouth; pulse 132; head feels hot; everything tastes salt.

1:15.—Pulse 112, lying down. Pulse has been taken until now when the prover was standing. 1:30.—Pulse 112; mouth not so dry; hands hot and dry. 2.—Pulse 112.

2:30.—Pulse 112; is hot and feverish; pupils dilating; urine passed slowly and increased in quantity.

5:30.—Pupils more dilated; pulse 102; other symptoms same; prover has appeared dull and stupid all the afternoon.

6 P. M.—Ate light supper, having to wash the food down with water; cannot estimate distances correctly; when asked to put his hand upon an object within his reach, he either reaches too far or not far enough; considerable vertigo; looks and acts as if

he had been on a "spree;" pulse 96, full and soft, has been full and soft for several hours; throat feels raw and sore.

8 P. M.—Has a dull, bruised feeling in the temples and within the past ten minutes a severe pain in the left eye ball; eyes and lids feel sore to the touch; pupils dilated; cannot see to read; pulse 76, soft. 9 o'clock, pulse 76; soreness of throat increasing to quite hoarse. 10 o'clock, pulse 76. 11 o'clock, pulse 76. 12 M. pulse 60; has had slight jactitation of muscles of leg; when he closes his eyes the mind becomes confused and he sees all sorts of spectres. At 12:30, retired.

7:30 A. M.—Arose feeling weary and unrefreshed; was very restless through the night; dreamed of running horses; of playing base ball; of amputating a man's leg; saw dim, shadowy forms sitting or standing by the bed-side or moving in the air; same dull pressure in the temples continues, but with no headache. Eyes a good deal congested, but pupils are not nor have they been much dilated; mucous membrane of the mouth dark red; throat sore; mouth not so dry as last night; slight vertigo; has awakened several times in the night by spasmodic jerkings of the muscles of the legs.

No more prominent symptoms. Prover was dull and disinclined to study for several days.

ARTICLE VIII.

Tænia Solium. By D. G. WOODVINE, M. D., Boston.

In the following paper I do not presume to give the profession any new ideas on the subject of the Tænia solium. It is known that investigations upon the manner of its development, by the mass of the profession, have been limited. The subject is a somewhat isolated one, and treatises upon it are not numerous. In fact it has been but a few years since its stages of development have been properly understood.

It is my design to give a simple and concise explanation of these various stages of development, beginning with the ovum, together with the diagnosis, prognosis and treatment. I am obliged to acknowledge the valuable aid I have received in investigating this subject from the works of Küchenmeister, Von Siebold and Weinland.

The tænia solium is improperly named, since many are sometimes found in the same intestine. Küchenmeister in making a series of experiments upon a murderer condemned to death, administered 72, 60, 36, 24 and 12 hours before execution, 12, 18, 15, 12 and 18 specimens of cysticercus cellulosæ, partly in rice or vermicelli soup, cooled to a blood heat, and partly in blood puddings. He says that "on dissection forty-eight hours after execution, I found ten young tænia."

The tænia solium is an hermaphrodite. Its development, to be easily understood, I shall divide into two periods. The first period is that which includes all the phenomena surrounding the ovum, from its introduction into the stomach until it has attained the highest point of development possible in the animal that has received it. The second period is that which includes all the phenomena connected with the product of the first period of development after it is received into the stomach until it is fully developed. These two periods are divided by Küchenmeister into five stages of development, viz:—"First, the sexual animal—proglottis; second, the grand nurse—six hooked embryo; third, the resting scolex—cysticercus cellulosæ in the parenchyma, areolar tissue and cavities of the body." The phenomena of these three stages complete the first period of development. "Fourth, the active scolex—nurse, that is, the cysticercus cellulose, which will become a tapeworm in the intestine; and fifth, the strobila—the series

of segments of tænia solium produced by gemmation from fourth—tænia solium." The phenomena of these last mentioned complete the second period.

The proglottis is a segment or capsule which contains nothing but the male and female generative apparatus. Figure 1, 2 and 3. Eggs are produced by this apparatus, which pass into the external world and being swallowed by some animal are digested, the six hooked embryo set free, and thus the first stage in the process of development is attained. Figure 4. The second is the grand nurse, or six hooked embryo. This is a product of the proglottis, formed by a union of sperm and germ cells. The proglottis having the power of motion, extricates itself from the mass in which it is deposited, crawls upon vegetables, discharges its eggs naturally or by accident. These are swallowed by animals, the shells destroyed, and the six hooked embryo set free. As soon as this is accomplished the grand nurse draws together the two centre hooks, and performs its duties in the process of development by boring its way through the stomach into the abdominal cavity, or into the portal vein, or it may, after passing into the abdominal cavity, bore on still further, until it gets into the general circulation. It is here carried along with the current of blood to some remote part of the system, and if not injured in its passage, it continues its migration still further. If the hooklets are worn off, it then becomes a permanent resident of the capillaries, producing irritation and inflammation, and finally becomes enveloped in a cyst. When it takes up its abode in serous cavities, it does not become thus enveloped. This brings us to the third stage in the process of development, which is called the resting scolex, or the cysticercus cellulosæ. It has been found in different portions of the human body, viz., the brain, the eye, liver, vena porta, heart and muscular tissue.

The process of development is rapid (see the New American Cyclopædia), "so that in a week or two the cyst may be recognized by the naked eye. The spines or hooklets now drop off, the primary vesicle goes on absorbing nutriment, and by the second or fourth week there grows out a protuberance from its internal surface, which soon takes the form of the head of the future tænia. Figure 5. Upon this there springs up a double circle of small hairs, which, in six weeks, become the complete coronet of hooks. Figure 6. The neck now begins to extend, but the head still remains enclosed in the bladder until the whole animal

is set free." The cysticercus cellulosæ may, for want of an opportunity of development, remain in its resting place until it dies of old age. This brings us to the consideration of the fourth stage in the process of development, or the active scolex.

The hog, if I mistake not, is the animal above all others in which the cysticercus cellulosæ is found. Its habits are too well known to need description. Pork is eaten by a large portion of mankind, and consequently is the chief means of developing the tape worm. The resting scolex, coming under the influence of digestion, is set free, becomes the active scolex, attaches itself to the walls of the intestines, and makes man the fruitful field of an unwelcome product. I am not satisfied, however, that pork is the only means by which man becomes acquainted with the cysticercus cellulosæ. In a case of tænia solium, which I treated a few months since, the gentleman was opposed to the use of pork in any form, and yet he was discharging proglottides every day or two. Upon inquiry into his habits of eating, he told me that he was very fond of ox liver just warmed over the coals; in fact, said he, "I can eat it very well raw." I do not know, but in this case the measle was developed in the hog, for the careless habits of our market men make it possible to transfer the cysticercus cellulosæ, if the knife is not cleansed after cutting pork before using it to cut other meat. There seems to me, also, to be a possibility, — and I know of no reason to the contrary, — that the ox may have swallowed the grand nurse in water, or have eaten it upon vegetables. The habits of the hog are of such a character as to be convincing in regard to the probability of finding the measle more frequently in them than in other animals. We have abundant proof that where persons are connected with pork packing establishments, and make a practice of eating freshly salted pork raw, many of them are troubled with tape worm. That the active scolex only makes an attachment to the walls of the intestine, I think we may doubt. I have recently become acquainted with a case where the man discharges the proglottides by the mouth; concomitant symptoms are convulsions and vomiting. I cannot, for myself, see how there can be an attachment to the walls of the intestine and the segments be discharged from the mouth. The greater portion of tænia are undoubtedly in the bowels, and this goes far to prove that the active scolex forms its attachment there. Figure 7. Having made this attachment, we are brought to consider the fifth and last stage in the process of development,

Fig. 1

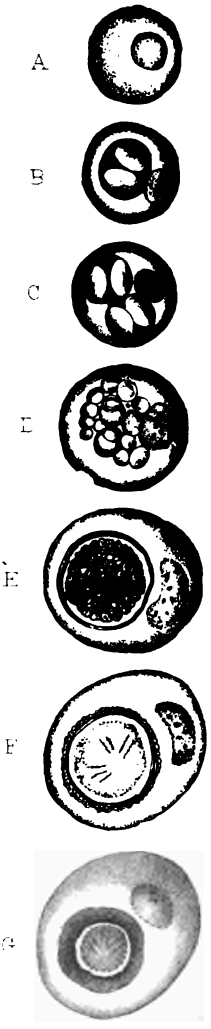
Proglottides of a Tænia mediocanellata, in various stages of contraction. Leuckart

Fig. 2

Proglottus of a Tænia solium. Natural size. Ku Lermeister

Fig. 3

Fig. 4



A ovum of Tænia solium [illegible] to seen enforced [illegible] in the impregnated ovum.
F Appearance of the early embryo within deep [illegible] spikelets.
G Mature ovum [illegible] within its leather [illegible] Leuckart

Proglottis of Tænia solium magnified. A Genital pore with its preputial cover or sheath-skin. B Lemniscus. C The cirrus. D The seed vessel. E The uterus. F The water vascular system [illegible] Kokotsky

Fig 5

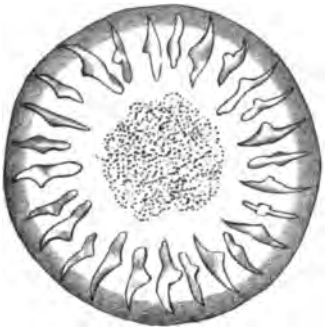
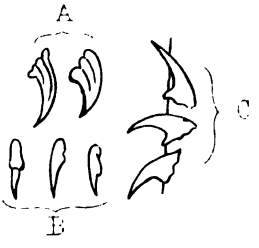


Fig. 6.

Circle of hooks, highly magnified.

Leuckart

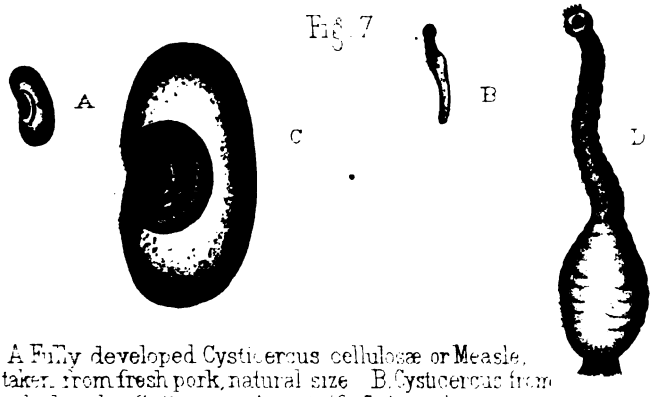


A Head and neck of Tænia solium
B. Circle of hooks

A Lateral views of separate hooklets
B Interior or concave border of hooklets
C Illustration of the movements and position of the hooklets, the vertical line marked through the fixed point of each of the three hooks

Chambers Ency

Fig. 7



A Fully developed Cysticercus cellulosæ or Measle, taken from fresh pork, natural size B. Cysticercus from salted pork, C. Same as A, magnified three diameters D Same as C, with the head and body withdrawn from the caudal vesicle

Chambers Ency

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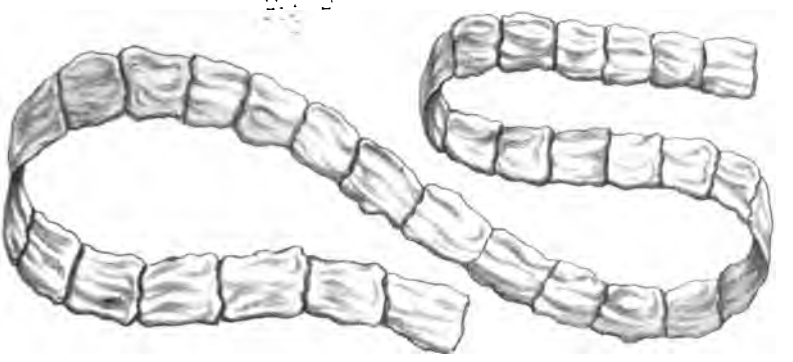
Fig. 8



Strobila or series of segments.

Fig 9

Eggs of Taenia mediocanellata
Kuchenmeister

Fig. 10

Head of Taenia mediocanellata
Showing its large suckers & hooks

viz., the strobila, or series of segments. Figures 1, 2 and 8. From the head grow one after another numerous joints, which finally make up the mature worm. The length of tænia solium varies, the average being about twenty-five feet. Küchenmeister says: "I counted eight hundred and twenty-five segments in one case, and in which the specimen was ten feet two inches in length." This same author says: "From the two hundred and eightieth segment onwards there is seen, in the median line of the cestoidea, a simple brownish yellow canal, with short, lateral offshoots, toward which two transverse, slightly colored, lines (seminal cord and vagina) run from the sides. At the three hundred and seventeenth segment commence the first indications of the alternating pori genitales, in the form of prominences; at the three hundred and fiftieth, the pores themselves become distinct. (Figure 3, A.) Between the two hundred and eightieth and the four hundredth segments an accumulation of small, yellowish, loose aggregations of corpuscles lying in the parenchyma is seen gradually becoming more distinct; from the four hundred and twentieth segment onwards, the upper end of the median canal (uterus, figure 3, E) becomes enlarged and clubbed, and the first commencement of the so-called ova collect in the lateral offshoots, which at first appear to stand more closely in the upper than in the lower half of the segment. From the five hundredth segment, the lateral shoots exhibit a tendency to give off smaller shoots or excrescences towards the sides, but these always appear to be larger and more numerous in the upper half of the segment, and never reach directly to the main stem. From the six hundredth segment is seen one shelled, clear ovum, which moves readily in the offshoots of the uterus after the preparation has been treated with acetic acid. From the six hundred and twenty-fifth we find two shelled ova, which constantly become thicker and darker colored, until in the six hundred and fiftieth and seven hundredth segments they nearly resemble the mature, although still mixed with an abundance of immature ova, and then exhibit the little embryo with its six hooklets."

Since the above was written I have had an opportunity to investigate this subject more extensively, having had three cases under my care. Case 1, brought me several fresh proglottides for examination. I cut off a portion of the segment near the median line as thin as possible and with the aid of a Tolles $\frac{1}{5}$ objective discovered an abundance of what I suppose to be sperm and germ cells, but no distinct ova. Case 2, by request brought me similar

specimens with which I determined to pursue a different course. A segment was placed in pure water and lacerated lengthwise through and on both sides of the median line with needles, supposing that the true ova would escape or float out into the water. After this had been accomplished I removed the segment and put the water into cells and examined it under the microscope and found that I had succeeded in obtaining large quantities of the eggs. They have in comparison to their size a very thick shell and under a fifth objective magnified seven hundred diameters the six hooked embryo may be seen, though not distinctly. The size of the ova by actual measurement is $\frac{1}{530}$ of an inch in diameter and they are of a spherical form. (Figure 4.) The thickness of the shell is the $\frac{3}{10000}$ of an inch. No. 3, seemed different in appearance from the others in this respect. The genital organs could be seen very plainly. I had supposed this from appearance to belong to the same class, until the microscope revealed to me my mistake. Figure 9. The eggs instead of being spherical are oblong or oval measuring the $\frac{1}{530}$ of an inch in length and the $\frac{1}{660}$ of an inch in width and correspond to what Küchenmeister calls tænia mediocanellata. I mentioned this little experience to show how important the microscope is in deciding even in regard to the nature of tænia.

I have now traced out the tænia solium from the ovum, through all its various styles of development, back to the grand nurse.

Still later I have received the Quarterly Journal of Microscopical Science for July, and find the following statement from Lecture No. VII, on Invertebrata, before the Royal College of Surgeons, by Prof. T. H. Huxley, F. R. S.: "The common tape worm is not T. solium but T. mediocanellata, which has no hooks. (Figure 10.) Its hydatid or pupa harbors in the ox. A man who liked mutton seemed in spite of this discovery to be safe, but now, alas! a hydatid has been found in mutton chop." The facts that bring forth this remark are unknown to me.

Diagnosis.—I can do no better than to give the result of Seegar's experiments, who kept a statistical table of one hundred patients suffering from tape worm. Sixty-eight times there were cerebro-spinal affections and partial or general convulsions (for example, epilepsy, hysteria, melancholy, hypochondria, abdominal spasms, dyspnœa and convulsive coughing), which may even rise to maniacal attacks and mental weakness; forty-nine times nausea, even with vomiting and fainting; forty-two times various pains in

the abdomen; thirty-three times disordered digestion and irregular evacuations; thirty-one times irregular appetite and voracity; nineteen times periodical, habitual headache, usually on one side; seventeen times sudden colic; sixteen times undulatory movements in the abdomen up to the chest; fifteen times dizziness or delusion in the senses or defects in the speech; and eleven times shifting pains in various parts of the body. All these symptoms, however, are deceptive, the only true and reliable symptom being the discharge of the segments in various ways.

The prognosis is not favorable, inasmuch as it has not yet been proved that the embryos cannot make their escape into the intestine and become converted into the cysticercus cellulosæ.

Treatment.—I shall not attempt to give the multitude of remedies that have been used to expel the tape worm, but mention those that have proved to be the successful ones. In the cases treated by myself, I have followed the plan of Prof. Beale, of London, in the use of the etherial oil of male fern. I request the patient to fast for twenty-four hours, after which I give two drachms of the oil of male fern in eight ounces of mucilage, followed in one hour and a half by two ounces of oleum ricini, and the worm is usually expelled. Kousso in a similar manner has been used by many successfully; also an emulsion of pumpkin seeds. Spigilia, pomegranite bark and cina have some reputation. For corroborative evidence of the efficiency of the etherial oil of male fern, I refer to the British Journal of Homœopathy, Vol. XXII, page 330, and Prof. Beale's late work on Microscopy in Practical Medicine, page 264.

In the British Journal of Homœopathy, Vol. XXIII, page 441, I find the report of a case successfully treated with stannum and sulphur in third and sixth dilutions. When the cysticercus cellulosæ makes its resting place in the eye, it may sometimes be safely removed by the knife.

ARTICLE IX.

Case of Osteo-Sarcoma of the Inferior Maxillary. Operation for its removal. By E. C. FRANKLIN, M. D., of St. Louis, Professor of Surgery in the Homœopathic Medical College of Missouri.

The subject of this operation, Miss T——, aged nineteen years, from the southern portion of this State, was admitted into the Good Samaritan Hospital the latter part of March of the present year, with a tumor of the lower jaw as represented by figure 1.

The disease commenced about six years ago with slight pain in the lower jaw, which was supposed to proceed from a decayed tooth.

After a while a small circumscribed tumor, about the size of a hazel nut, and just below the second molar on the right side, became cognizable to the touch.

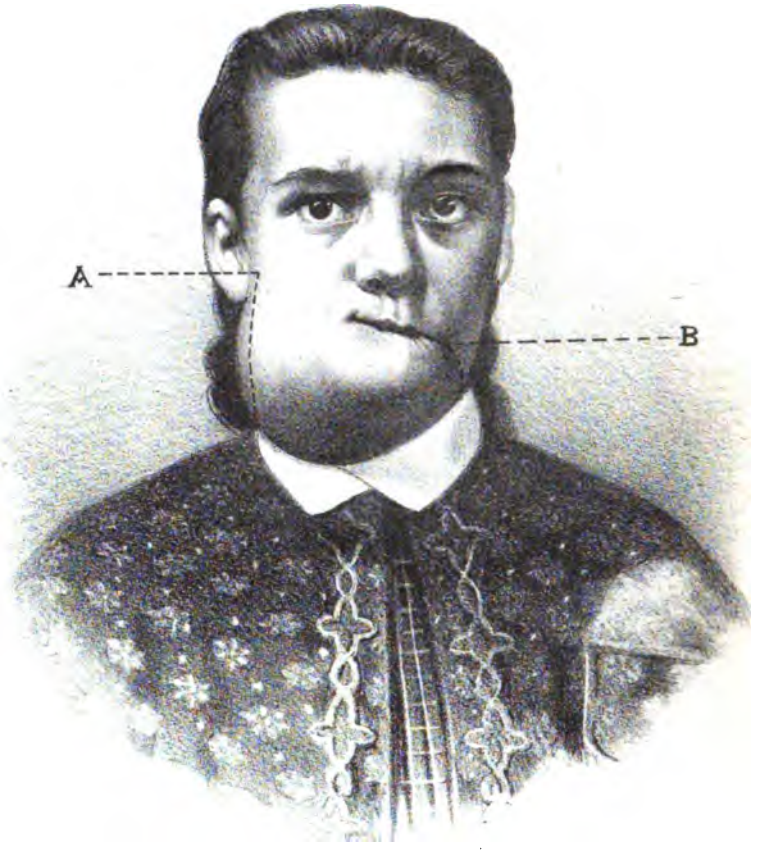
The teeth on either side of the tumor were sound, as were all the remaining teeth in the lower jaw. This swelling continued about the same size for one year, attended with little or no pain, after which it slowly increased in bulk, until within the last year, during which time its growth has been very rapid, spreading along its anterior surface and involving the whole of the right side of the jaw. About five months ago it extended beyond the symphisis menti, and encroaching upon the left side as far as the first molar, when its growth became more rapid outwardly, involving the soft structure.

She was seen by two or three medical men residing near her native place; but with the exception of external application, nothing was done towards a permanent cure.

At the time the patient placed herself under my charge, the tumor had encroached so much upon the buccal cavity as to seriously interfere with deglutition; articulation and mastication were also performed with great difficulty.

On admission into the hospital, she had emaciated to a considerable degree, and her strength was rapidly failing. Her mouth and lower part of the face being occupied by a large tumor, extending from the malar bone, to within two or three inches of the base of the neck. Upon opening the mouth, an apparently cartilaginous mass was seen, almost completely filling up the cavity

Fig. 1.



Osteo-sarcoma of the Inferior Maxillary Bone.

A. Beginning of incision.

B. Termination of incision.

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Fig. 2

Appearance of Patient after Operation.

C. Van Leuthusen & Sons, Albany.

and pushing the tongue over to the opposite side, so that in protruding it, its edges were parallel with the mesial line of the body.

In the center of the mass, two teeth could be plainly seen lying over upon the left side of the buccal cavity. The accompanying illustration, taken from a photograph, gives the appearance of the patient with her mouth closed. See figure 1.

The right body of the lower jaw could not be defined, though the superior portion of the angle could be felt, the articulation not being involved. The tumor, though overlaying the upper part of the neck, did not involve its tissues, and the sub-maxillary and mental glands did not participate in the disease.

On the left side, the angle and ramus of the jaw were clearly defined; the disease stopping short of the first molar tooth of the left side. During the first week of her admission into the hospital, she was placed under the charge of Dr. Hartman, (physician to the Institution), who gave such constitutional remedies as the case demanded.

Having agreed as to the necessity of an operation, Drs. Comstock, Parsons, Vastine, Helmuth, Terrell and Skeels, were invited to be present on the first of May, to assist in its performance. The patient being seated in an operating chair, Dr. Hartman proceeded to administer chloric ether, which was continued cautiously until complete anæsthesia was produced. Standing in front and upon the right side, I made an incision corresponding with the dotted line in figure 1; begining at the superior part of the mass (A) and terminating by a circular sweep of the knife at the angle of the lips on the left side (B). The flaps were dissected as quickly as possible; the upper one turned over the face and the lower lying upon the neck. Dr. Comstock took up the vessels of the flap, assisted by Dr. Parsons, while Dr. Helmuth kept up a gentle and continued presure upon the carotids of either side. Having thus exposed the tumor throughout its whole breadth, I next proceeded to divide the bone, which was done by a chain saw, at a point on the left side corresponding with the first bicuspid tooth. Dr. Hartman, at this juncture, as had been pre-arranged, transfixed the tip of the tongue with a stout needle and ligature, and held it during the operation. Then grasping the tumor at the point sawed through, I began to dissect away the mass and divide the muscles and attachments close to the tumor; the vessels having been promptly secured by Dr. Comstock. Then carrying the tumor to the right and outwards and

dissecting away all its attachments, to near the coronoid process, which was found perfectly healthy, I divided the ramus of the jaw just below the sigmoid notch with the chain saw, and completed the removal of the mass, by a little dissection round its posterior margin.

Only two vessels of any size required ligation, the two facial arteries having been preserved uncut. With a strong bone forceps I cut away all portions of the left jaw that were involved in the disease, and a clean healthy surface remained.

The gap left was of huge size; the fauces, tongue and front of the larynx being fully exposed, and the flap pendulous and superabundant. The incision was then brought together with four interrupted sutures, placed some distance apart to favor the escape of the discharges during the healing of the wound. Adhesive straps were then applied between the sutures; the ligature holding the tongue being secured so as to bring its apex close to the lip.

Lint saturated with staphysagria lotion was placed in the large cavity and also applied to the external wound, and a bandage applied to maintain the shape of the face and prevent oozing. The patient was then placed in bed and a few doses of arnica given to counteract the shock of the operation, and to bring about reaction.

The quantity of blood lost did not exceed six ounces, though the tumor weighed nearly two pounds. Reaction followed in a few hours and the patient passed a comfortable night.

On the following day, injections of beef tea were thrown up the rectum, and the patient was otherwise sustained by nourishing drinks of animal broths and milk.

May 3d.—A little fever was observed which readily yielded to a few doses of aconite. The old dressings were removed and fresh ones applied.

May 4th.—Union having taken place throughout nearly the whole extent of the wound, the sutures were removed and fresh lint, saturated as before, with adhesive straps freshly applied as before, and the mouth well washed out with a lotion of staphysagria.

May 5th.—The ligature holding the tongue was removed; the patient swallowing without much difficulty. The quantity of nourishment was increased.

May 6th.—Suppuration began, for which calendula was given

internally, and freely applied externally to the wound. Silicia, one dose, was given at night, and continued during the entire healing of the part.

May 7th.—Continued treatment as before.

May 8th.—The wound was entirely healed, appetite good; the patient was able to swallow solid nourishment, and all evidences of trouble had passed away.

The patient continued to improve, the dressings having been freshly applied every day until the 16th of May, when my services in this case were no longer required. About the first of June, the patient left the hospital, perfectly cured.

Figure 2 represents the appearance of the patient after leaving the hospital.

She is now able to take any kind of nourishment, and a few weeks since went to her home perfectly well, with only a slight deformity of the chin, which is shown in figure 2.

This case is particularly interesting, not only as showing the complete success of this operation, but the quickness of the cure by the remedies employed.

An exceedingly interesting case of osteo-sarcoma, involving the lower jaw, has been operated upon quite recently by Mr. Heath, in the University College Hospital, London, very similar to the one in point, but, with a fatal termination.*

The success of this operation, I believe to be largely due to the after treatment, and in this connection I cannot but testify my approbation of the brilliant success following the use of staphysagria and calendula lotions, and the internal use of arnica, to overcome the shock attending operations of this magnitude, as well as to facilitate reaction.

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* Vide London Lancet, April, 1868, page 242.

ARTICLE X.

Hypertrophy of the Tarso-Phalangeal portion of the Foot. Operation for its Removal. By E. C. FRANKLIN, M. D., of St. Louis. Professor of Surgery in the Homœopathic Medical College of Missouri.

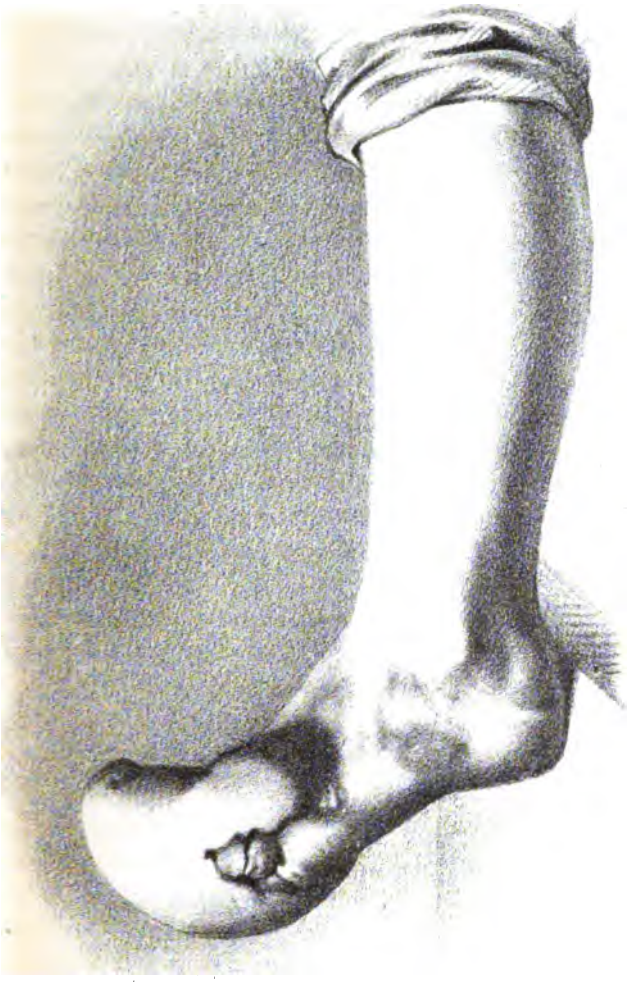
The term hypertrophy is employed to designate the increased size and weight which an organ acquires through an augmented nutrition, without any accompanying alteration in its organization or structure. Among earlier writers the expression was used to designate those preternatural enlargements so frequently found in the thyroid gland and heart; but subsequently was employed to characterize any unusual development in either organ or tissue of the body. It has been divided into two varieties, *true* and *false*. *True* hypertrophy consists of an increase of mass and volume, independent of the accession of any element foreign to the organ involved. *False* hypertrophy, is considered rather as a heterologous product, depending upon a deposit of plastic organizable matter into its interstices in the form of infiltration.

Hypertrophy may be general or local; it may occupy an entire organ, or only a portion of its structure. It may exist independent of other lesions, or so blended with them as to involve the whole organ in an interminable mass of disease. The muscles, areolar and adipose tissues, generally partake of the true variety; while the so-called parenchymatous organs, by infiltration of their structure, manifest the false variety.

No organ or structure is probably entirely exempt from it; but among those most frequently affected, are the mammæ, thyroid gland, tonsils, heart, liver, prostate gland, lymphatic ganglions, bones, skin and adipose tissue.

The best example of hypertrophy as affecting the cutaneous structure is elephantiasis, which the increase of size and weight is oftentimes enormous.

Causes of Hypertrophy.—The most marked instance of hypertrophy occur from perverted nutrition, which often assumes a low or inflammatory type. This is exemplified in the indolent enlargment of glands; the thickening and induration of areolar tissue; the enlargement of bones under chronic processes of disease. Hypertrophy also occurs from exalted functional activity, as is seen in the large and strong muscles of the blacksmith's arm from



Hypertrophy of the Tarso-
Phalangeal portion of the Foot.

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constant use, or in one kidney when the functions of the other have been lost by structural change.

In every part of the body, the muscles are proportionate, in size and structure, to the efforts required of them; and it is a law of nature, that whenever called upon to undergo excess of action or labor, their fibres augment commensurate with the action they are called upon to sustain. Thus, the legs of a danseuse, from the exertion they undergo, are comparatively larger than their upper extremities, that are not so much called into exercise.

The same condition pertains to other organs of the body, especially the lungs, liver, testicle, etc. When either of these organs become affected, by disease, to an extent that impairs its structure, the remaining one is certain to become preternaturally expanded, as a compensation for the loss of its fellow.

*Pathology.**—Hypertrophy essentially consists therefore, in an augmentation of the nutritive functions of an organ. When in a state of unusual activity, the quantity of blood which an organ receives is considerably increased, in consequence of which it assumes a deeper color than one which is less exercised, at the same time that it augments, somewhat, in density; its elementary products are increased in number, or, such as already exist are augmented in size.

This is the manner in which alteration in structure is brought about.

In the *false* variety, or that kind which is the result of chronic irritation, there seems to be superadded to the alteration that occurs in the true variety, a deposit of new substance in the interstices of the connecting cellular tissue, producing a real change of structure.

In the case before us, the hypertrophy seemed to depend upon an infiltration of plastic, organizable matter into the interstices of structure, producing an enlargement of the same.

This was observed after the birth of the child, and increased gradually up to the time the writer was called upon to perform the operation of excision. At the time of operating, the patient, a girl, was thirteen years of age, and was employed as a domestic in the family of one of the homœopathic physicians of this city.

The hypertrophy attained the size observed, with exceeding slowness of development, and was unattended with pain. The

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*Franklin's Science of Surgery, page 336.

patient was unable to wear a shoe, was prone to stumble upon the least increased effort in her gait, and otherwise suffered from the augmented bulk of her foot.

The operation consisted of making a V shaped incision, including the outer portion of the great toe, and the two metatarsal bones lying next to it. This incision was carried down to the tarsometatarsal articulation, and all the intervening mass removed. By reference to the accompanying representation, it will be observed that the augmentation of the bulk involved the base of the foot or plantar tissues, and when removed, weighed nearly one and a-half pounds. The incisions were drawn together, and retained by interrupted sutures and strips of alhesive plaster extending around the foot, all of which being covered by a single-headed roller, reduced the foot to its natural size, and maintained it in that position.

Staphysagria lotion was freely applied to the wound, and union by first intention took place in a few days. A few doses of sulphur were given to overcome the constitutional dyscrasia, upon which I supposed the growth to be palpably based.

At the present time the wound is entirely healed; the patient suffers no inconvenience from the operation, and is able to wear a shoe of the same size and number with that of the other foot.

ARTICLE XI.

Homœopathic Infidelity.* By John T. Temple, M. D., St. Louis, Mo

Is infidelity the characteristic feature of this age? In theology we find the professor, the noisy disputant and most zealous defender of the cause of religion, denying by his every day conduct and action, the great fundamental truths of the gospel of the Son of God.

In social life, where virtue and integrity are professed by all, how often do we see, that in many, life is stained by the foul blots of vice and falsehood!

In the wide fields of commercial intercourse, how frequent is the profession of high-minded, honest dealing, confronted by the bold antagonism of fraud. But why need we wander from our subject.

It may give offence to be called an unbeliever in the very art and science which we pursue, and which sustains us. There are very many, we believe, who are unconscious of their faithlessness to the great truth which they profess to follow in their professional career. There are many who, having seen a few of the beautiful rays which shine from the glorious system, imagine that they have the entire light of the science, and guided by these insufficient rays, they often go astray and walk in darkness.

That we may be clearly understood, let us see what homœopathy is, and then, how it is practiced.

It is a matter of surprise, that so many articles written in demonstration of homœopathy, should make it consist of the great therapeutic law of similiæ, and only of that law, as the base and superstructure of our great system.

We believe that homœopathy is a system composed of many parts, so arranged and adapted to each other, as to form a harmonious whole,—a grand focus, from which radiates the only true light of medical science.

A system, to be true, must be based upon principles, fixed and immutable; must be sustained by truths which no sophistry, no ridicule can shake. Does homœopathy conform to the requirements of such a system? Let us examine it!

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* We have in our article taken extracts from the writings of Hahnemann, Hering Bœnninghausen ,Eidher Hoppe, Wells, Dunham, A. R. Morgan and Frost.

"All homœopathic physicians are united under the banner of the great law of cure, *similia similibus curantur*, however they may differ in regard to the theroretical explanation of that law, or to the extent to which it may be applied. All homœopathic physicians also acknowledge that provings upon the healthy are indispensable in ascertaining the unknown curative power of drugs; and finally, homœopathists concur in giving but one medicine at a time; never mixing different drugs together. This is the glorious tri-color of our school, which will make the circuit of the world, and in these we are as the heart of one man. It rests upon new discoveries, which appertain to the departments of natural philosophy, the natural sciences, physiology and biology.

"Homœpathy is a perfectly simple system of medicine, remaining always fixed in its principles, as in its practice, which, like the doctrine whereon it is based, if rightly apprehended, will be found to be exclusive, and in that way only serviceable. As the doctrine is pure, so must the practice be, and all backward straying to the pernicious routine of the old school, which is as opposite as night to day, is totally impossible, otherwise it ceases to deserve the honorable name of homœopathy."

The great father of our system unfurled a banner, displaying three great principles: "*The law of similia*," "*The single remedy*," and "*The minimum dose*." Upon this golden mean, this inseparable triune, hang all the law and the prophets of homœopathy.

What though many of the earnest, sincere and laborious followers of the system fail, as yet, to see the entirety, the absolute comprehensiveness, and the essential, all-sufficient unity, of this radical formala.

The monumental formation of the temple of homœopathy is indeed a substantial unit, but it is also three-sided; and so vast are these sides, so profound and in such varied language are the truths, in which nature has written upon them her image and superscription, that we wonder not that some linger long, and even spend a lifetime in the study of one of these, to the neglect of the other two. But art is long, and even as the temple itself, still grows year by year, so men's minds become more and more familiar with its all-comprehending oneness, simplicity and majesty.

The critic of the sciences may, and indeed does, constantly widen; but is like an exclusive club, into which no inharmonious member can be admitted. A single "black ball" excludes.

Whatever new form of scientific development claims admission into this great brotherhood must make good that claim by showing its own congruity with the other members, and especially those which would become its nearest relatives.

Thus homœopathy, the new science of healing the sick, claiming to be the only true therapeutical science, knocking at the door of the temple, is repulsed with stern rebuke for its boldness and assurance; for such is the interpretation which these Cerberi of the portals put upon the majesty of self-conscious truths, and directed to go and reconcile herself with chemistry, pathology, psychology and therapeutics. Heaven save the mark! Homœopathy retires exceedingly sorrowful, for she has great possessions in the truth, and cannot sacrifice them to these poor heritages of error.

Broader and deeper, than ever before, is she now compelled to dig into the foundation of natural science, not alone to show her own truthfulness in the most convincing manner, but to prove also, that where these other so-called sciences differ from her they are wrong. Thus again, the corresponding similar is shown to be in perfectly harmonious support with the entire scale of the physiological life of man, from the lowest inorganic elements revealed in the living body, by organic and physiological chemistry, up to the dizzy heights of physiological psychology, where the mind is lost in contemplating the reciprocal influence of mind upon matter, and of matter upon mind and spirit.

Thus, too, the law of similia is not only shown to be an essential element in the constitution of man in all his relations to the past and to the future of his own race, but it is shown to be no less truly a fundamental element in all the relations of the individual end of the race of man, to the world in which he is placed. The law of the similars being but a limited statement in terms, of the great principle of correspondence of man to the world, of the world to man, and of both, constituting the universe, to the Creator of that universe.

With its foundations thus established in the very constitution of man and of nature, the law of the similars must be in perfect harmony with all true physiological science, and if it appear, in any respect, at variance with dogmas of antecedent pathology and therapeutics, so much the worse for them. No less clearly will the single remedy be seen to be exact, and necessarily in harmony with the simplicity of the gospel of nature.

The minimum dose is, in like manner, shown to be inseparably connected with that divine economy, of nature, which invariably accomplishes the necessary effect with the least possible expenditure of dynamic cause. And homœopathy now waits only for concord among the numerous disciples in regard to these fundamental and inseparable principles; and when once this is assured, she will not only make good her passage through the outer gates, but enter within the veil, possess herself of the holy of holies, and establish her own household Gods within the very penetralia of the temple of science.

Not only is homœopathy itself progressive on its own line, but that line is also in exact harmony with the line of progress of all the kindred sciences, and with the humanitarian and benevolent development growing out of them.

To the onward and inevitable progress of homœopathy, to true friends, its false friends and unfriends, must voluntarily or involuntarily contribute; and in his own way.

To see the whole truth, or to see the truth unmixed with error, is given to few indeed; and from the great influence which leading minds must ever exert upon the masses, it cannot but be expected that the latter class should almost always fail to discriminate between the truth and the error, should accept the one with the other.

If any who command respect for high scientific acquirements should be proved to entertain views at variance with sound homœopathic principles, this would be indeed a subject of regret, but not of dispair; for strange as it may seem, the opposition of such persons will in no degree retard the progress of truth.

A recent English author (Masson) with Mill, Sir Wm. Hamilton and Carlyle, complains of the decline of the study of Philosophy in Great Britain; in that physical science usurps the place of the metaphysical; and the same is no less true in this country. In their eager making haste to get rich, men have neglected the higher claims of social culture, regarding wealth as the all sufficient end. And a similar spirit has pervaded the homœopathic medical profession. Its members have most imperiously demanded immediate success, although that success, obtained at the price of the sacrifice of principle, may be evanescent and delusive.

Manifestly this has been overdone, and many homœopathists have at last awakened to a sense of the fact, that in attaining success by such methods of expediency as they have claimed the right to

adopt, they have been actually killing the bird that laid the golden egg! And when they set themselves down seriously to reflect and compare the present mordicum of success in practice under the loose, eclectic-mongrel-allopathic-expediency system, so much in vogue, with that formerly secured, and even now, still obtained by strict adherence to homœopathic principles. And when in addition to all this, they mark the still increasing downward tendency in much of the so-called homœopathic practice, and observe the almost total extinction of a genuine *esprit du corps* on the part of many physicians, professedly homœopathic, but still eager to be recognized by the allopathists,—then they begin to experience a deep concern. They see that principles have been sacrificed to secure success; and that no success can compensate for such sacrifices.

Fortunately, many far-seeing friends of homœopathy throughout the country, have already discerned the before-coming shadows of these things, and have applied themselves with all their might to arrest the mischief.

The reaction has already set in, and day by day we see in our colleges, in our periodicals, and in the outspoken, new determinations of many physicians, the accumulated evidences of a vast and much needed reform in homœopathy.

Having said so much on the principles, let us make a few remarks as to the aim and practice of the true and consistent homœopathic physician. In the physiological and pathological schools, the aim of the former is to obtain therapeutical results from large doses administered to supply what is supposed to be lacking in the system. The latter regards the pathological indications as the first in importance.

The former looks on disease as a distinct entirety, to be harrassed by mechanical appliances and chemical combinations. The latter regards only the consequences of the disorder, and sees its beginning and entire course in the end and in its ultimate results; finds the whole head and front of its offending. Both are alike temporary, external, objective, superficial in their aim, and certainly insufficient in their fruits. Both have blocked the high road to progress by assuming materialism as a watchword, at a period when the whole tendency of progressive development in all branches of scientific inquiry is to ignore the external, objective and material; to regard principles rather than results; to find in life something more than animal heat, and to seek in the domain

of psychology, of dynamic influences, and of final causes, for that substantial satisfaction which the most elaborate and profound positive philosophy of materialism has proved itself unable to afford.

The physiological and pathological systems are very well as means, but meager enough as ends; nor will the mind of man rest content, even in their most attractive groves, so long as other and higher walks can be discovered beyond.

The vital school—to adopt a term, which if but poorly expressive, has, at least, the merit of being unobjectionable—offers to supply the desideratum. With the celebrated Abernethy, it denies that the stomach, or any other part of the human organism is a mere chemical laboratory. It looks with as much interest to psychological physiology as to the other schools do to physiological chemistry.

The recently developed doctrines of the correllation and conservation of the forces of nature, light, heat, electricity, etc., the vital school regards with profound interest; rejoicing to witness this grand stride towards a knowledge of the true philosophy of the universe. While at the same time, it wishes to see recognized the still higher dynamic influences, which in the human organism, render these forces subservient to the uses of its life, and promotive of the final cause of its own being, and of all being.

The vital school, in attempting to supply the great therapeutical needs of the age, seeks to develop a pathology, in which the results of disease shall neither be mistaken for the disease itself, nor for its cause; a physiology which shall look upward and not downward; and a materia medica which shall be truly physiological, and thus necessarily and infalibly corresponding to the constitution of man.

Based upon such formed actions, the vital school aims to establish a therapeia, which looks forward and not backward; which, not satisfying itself with the temporary relief of the patient, shall aim at his radical cure; and which, recognizing all the morbid tendencies hereditarily interwoven into the human constitution, shall labor for nothing less than their comple eradication, and the final removal of all the "ills that flesh is heir to."

By the very necessities of our daily practice, we are driven to a materia medica that is not material, in order to cure our cases, and the infinitesmal nature of the remedies, so constantly and so successfully used; no less impress us to the adoption of a therapeia based

on a physiology or doctrine of life, which is higher than that of materialism.

Hahnemann slowly fought his experimental way by the help of attenuated medicines and the law of similars, which in this direction involves a doctrine of correspondences, of which we catch, as yet, but partial glimpses, until he reached the grand central truth, unfolded in his work on chronic diseases.

Many of the immediate followers of Hahnemann, failing to comprehend the importance of the ultimate principles which he inculcated, deemed that they improved upon the master when they adopted his method and ignored his highest doctrines.

Thus the followers of Hahnemann, misled by the contracted formula in which he propounded his psora theory, failed to realize its essential importance to the completeness of the system.

Thus have they omitted the very keystone of the arch, the crowning glory of the whole. But the stone which these builders have rejected must be made the head of the corner; for the dynamised remedy, the dose, and even the law of the similars itself will ever remain a bone of contention, so long as homœopathists fail to give to Hahnemann's doctrine of psora, or hereditary transmitted morbid tendencies, its proper place in their physiology, pathology and therapeia. This is the last but indispensable link which completes the self supporting circle.

How many of our physicians are there who conform to the requirements of the great principles of homœopathy? How many are there who recognize the pure teachings of Hahnemann and follow in his footsteps? How many acknowledge the individuality of every disease, and in their treatment seek the correspondent individuality of their remedy? How many are there who give the single remedy and the minimum dose? Indeed, is not the use of alternate remedies the common practice? Are not the fundamental principles of our science constantly denied by teachers in our synagogues, who laugh at high attenuations and deny dynamization? Are there not many who, by the exclusive use of low attenuations, have permitted their practice to degenerate into electicism, and their faith in the law of similars to be shaken or destroyed?

"Their disregard of Hahnemann's precautions, their habitual resort to cathartics, anodynes, and other palliatives, is not only disgraceful to their intelligence as homœopathists, but dishonorable

to them as men. They claim to be homœopathists when they are mongrels. Many of them serve under the banner of homœopathy because of its popularity, and mere mercenary, selfish purpose. They do not elevate it; they do not sustain it, but like the horde of camp followers which hang around to disgrace and encumber an army, they are ever ready to trample the sacred symbol under foot to riot in the spoils."

Have we not the lamentable spectacle of a "large body of professed homœopathists, denying their master in the three fundamental points of his—the indication, the remedy and the dose? And all this, as much through want of moral courage to brave the obloquy which attaches to the strict Hahnemannian, as from honest difference of opinion. All profess allegiance to the homœopathic law, '*similia similibus curantur*,' but the party of which we speak denies every one of the above conclusions; all, indeed, to which this law conducted Hahnemann. An inevitable consequence has been a mournful deterioration of homœopathic practice until now."

"Save in the practice of strict Hahnemannians, there is rarely seen an example of those rapid, almost magical cures, which gained for Hahnemann and his pupils their world-wide fame. Thus it is ever, that hesitation to proclaim and stand up for the truth at whatever cost, brings along with it its own punishment."

How is it that so many believe in clinical experience taking the place of pure symptoms, as the indicator for specific therapeutics? What then becomes of the law of similars, of correspondencies, of individuality?

Notwithstanding the evidence of Hahnemann, Bœnninghausen, Hering, Hoppe, Eidher, Wells, Dunham, Lippe, Morgan, Frost and others, as to the superiority of the minimum dose, yet do we not find a majority of our physicians using the crude medicines and wholly ignoring the high attenuations? Is it not a fact, as deplorable as it is disgraceful, that a majority of homœopathists, so-called, oppose the third fundamental principle of Hahnemann?

Is not dynamization the great living principle of our science, and yet this even denied? Does not the common use of two or more remedies in alternation prove the unbelief in the single remedy, in the individuality of the disease as well as the remedy?

Of the alternation practice, Dunham says: "We are opposed to it in theory, and we object to it in practice. It is an abominable heresy. As a shot-gun maims when a rifle would kill, so alternation may change and modify the disease, but it never does

nor can, effect the clean, direct and perfect cure that a single remedy, exactly homœopathic, will accomplish. As a relic of the polypharmacy, which has been the stumbling block of the old school, we loathe it; as a refuge of the careless prescriber and slothful student, we despise it; as an anomaly in homœopathic practice, a fatal obstacle to progress in the clinical portion of our materia medica, we deplore it."

Have we not men in our profession who never resort to dynamized remedies in their practice? who delight in seeing, feeling, smelling and tasting the remedy? who attribute all effects to the material action of the drug, to the greater permeating power of the attenuated atom? who are incapable or averse to recognizing the dynamic theory of Hahnemann, and who have no conception of the potency of spiritual forces?

But of all the open and avowed infidelity in our profession, I doubt if there is any one theory, the denial of which is more injurious than that of the hereditary transmission of disease, or the psoric theory!

When we consider the fact, that the lowest instructive form of life, or vital principle, peculiar to the ganglionic system, is originally constructive and constantly sustaining all the rest, we are forced to the conclusion that all that is meant by constitution, so far at least as relates to vital power, to the purity of organic life, and to the perfection of organic function, must belong to the ganglionic system, which, in immediate relation to the seminal embryo, precedes both spinal and cerebral organization.

In these obscure recesses of nature, the minute individual and collective ganglia of the sympathetic system lie concealed; the subtle but persistent germs of health and longevity on the one hand, and disease and premature decay on the other.

Here amid the primary and most secret springs of life, ready to flow with them into all the vital organizations, and into the spinal and cerebral systems, to perpetuate itself in procreation and conception, lurks the latent miasm, the aqua toffana of scrofula, or of that hereditary, hydra-headed psora, which, since Hahnemann's time, has been as great a *quæstia vexata* to the physician as the doctrine of depravity to the theologians.

As many disbelieve the doctrine of depravity, so many homœopathic physicians deny and ridicule the Hahnemannian doctrine of psora. And yet, as hereditary dispositions to evil, if not actual evil dispositions exist in the moral world, so hereditary disposi-

tions to disease and actual diseased constitutions appear in the physical world of man; both too obvious to be overlooked or explained away, and each the complement of the other. And just as evil cannot be removed unless it be known, and cannot be known unless it appear, so disease cannot be remedied unless it be recognized, and cannot be recognized unless it manifest or at least discover itself.

And disease itself may be latent or manifest, so its manifestation may be dynamic, sensational, functional or structural. And so incurable is chronic, hereditary disease in most of its ultimate forms, that it becomes the great object of the skillful physician to recognize its type and anticipate its development at the earliest possible moment.

May we not hope that there will be some advance in our provings, to the obtaining of higher classes of symptoms corresponding to the dynamic and primary symptoms of hereditary disease? And thus the faithful physician will be enabled, by anticipating and preventing disease, to experience the proud satisfaction of conferring benefits upon his fellow-men, which are none the less real because seldom recognized and never repaid.

It is in this direction I believe the disciples of Hahnemann will make advance worthy of their industrious master, and at the same time keep step with the ever advancing spirit of the age.

Ridicule is the ingratitude of little minds, and it is just as natural for such men to deny great principles which they cannot comprehend, or which are attained by intellectual process beyond their ability to follow, as it is for similar persons to return hatred for benefit which they cannot repay.

The method by which Hahnemann arrived at his psoric theory may seem insufficient, as the limits within which he proposed to restrain it were too narrow. But his far-seeing mind overleaped some of the intermediate steps in the chain of reasoning, and, as if by a sublime intuition, seized at once the mighty principle of hereditary disease, the master-key to all that is abnormal or obscure in the physical history of man.

What though he erred in attempting to limit that disease to a single form, and to indicate its single original type? Not more certainly does the law of similars reveal the homœopathic nature of medicine, than does his doctrine of psora, pure and simple, roll back, as with a flash of electric light, the darkness of ages from the true nature of chronic disease!

How long will infidelity stay the progress of our glorious cause? How long deprive humanity of this precious boon of Heaven? How long shall we have the light of divinely revealed truth obscured by the ignorance, indolence or perversion of our own household?

ARTICLE XII.

The Action and Classification of Medicines in connection with the Anatomy of Temperaments. By JOHN C. MORGAN, M. D., Professor of Surgery in Hahnemann Medical College, Philadelphia.

A living, organic body, vegetable or animal, healthy or diseased, presents a totality of attributes, conditions and actions; the sum of these is Life.

The integrity of life depends upon the integrity of these. Vital power is proportioned to the same. Vital power is co-operative with normal agencies extraneous to it, viz: hygenic agencies. It is antagonistic to abnormal or hostile agencies, (drugs, for example;) the sum of the influence of life being the ordinary conservation of the *status quis*, in the first place; over and above which is the resistance afforded against the effect of such hostile agencies, whereby these may even be made subservient to the requirements of life, as antagonists to yet other (similarly) hostile agencies. And besides, when acting alone, such agencies find the living being so fortified in its life-status as to offer essential resistance to encroachment, without extraordinary excitement, and with promptness and certainty; or, if the ordinary life-status be inadequate, giving rise to the needed conservative effort.

This conservative life-status may, for convenience in discussing the action of drugs, be paraphrased as "power of reaction;" "conservative power;" the effect being, not necessarily the production of opposed conditions pursuant to their initial effect, (this being merely an occasional incident of reaction,) but simply the restoration, by a more or less circuitous and complex process, of the original life-status, by the correction of such of its elements as may have been deranged; the *mutual influence* of the life elements being the proximate source of such restorative action; impairment in any one quarter being directly productive, (as seen in Plate I.,) by simple physiological means, of increased power elsewhere, in parts which are sympathetically grouped therewith; these assuming a status *per se*, pathological, with remotely impaired vitality; but under the circumstances, conservative.

This is the "similar disease" which cures, in the form which may exist without medication, as in spontaneous recovery; or it may be induced by drugs; though the highest similarity operates directly in the diseased region itself.

Plate I exhibits, under the typical form of vascular alterations (a usual concomitant of diseases), a series of phenomena illustrating the effect of hostile action and conservative resistance, particularly in the influence of cell nutrition of any part on vascular contractility in other parts nervously associated with this, and suggesting its concomitant influence on the nutrition of the same parts.

The corrective action of nerve currents, proceeding from well or over-nourished parts to others, whose nutrition and vascularity are deranged, will presently be considered.

We next notice that, as just hinted, the maintenance of the life-status proximately depends on nutrition of all those material parts, by which life finds expression. To this all vital effort tends. The operation of all those agencies by which life thus exhibits itself, may be summed up in the single technical phrase: "Nutritive Erethism;" expressive of the fact that a degree of organic excitement characterizes the process of nutrition. Normal and equable nutrition is health. Disturbance of the same is disease.

Predominance of "nutritive erethism," in some general sphere, may be regarded as the basis of Temperament, which may become a condition of disease, as it diverges from the health-line of equable and normal nutrition; its ordinary influence being, however, consistent with an average standard of health; perfect equipoise being indeed a rarity.

Nutritive erethism is itself the product of certain proximate factors, material, dynamic and spiritual. The first includes two elements, the Organism and the Plasma. The second comprises two elements, Force and Stimulus. The third consists of that Spiritual element which, acknowledged as the essence of Soul in man, has been asserted also of other beings, by some, but which clearly differs from all others in him.

Let us review these. The Organism is the material structure of cells, tissues and organs, provided for the expression of life phenomena, and to this end, arranged with exact fitness to the local office of each, and also to their perfect co-operation in the vital actions.

The Plasma is the material of which cells, etc., are formed,

becoming thereby an essential factor of nutritive erethism. Whilst its perfect assimilation is due to vital action, its origin is extraneous to the organism which it is to nourish, so that it holds an inferior relation to it as a source of morbid *action*—the objective point of our present study.

Force or "dynamism" is an essential requisite and condition of material action. Adopting the generally acknowledged doctrine, that there is one universal force in nature, the so-called forces being but its varied forms, due to the varied media and modes of its expression; it follows, that however complex or disguised it may appear in vital phenomena, as germ-force, cell-force, nerve-force, etc., its identity is never lost.

Stimulus is of both material and immaterial sources. It may be defined to be anything which, when applied to the organism, communicates or evokes the manifestation of force. Adopting, as to the former, the new chemical doctrine* that the normal status of matter is not strictly atomic but molecular, the molecules being composed of pairs of atoms, the possession of molecular polarity is a legitimate inference, and molecular affinity or repulsion for tissues and cells, already polarized by resident forces, a necessary consequence.

Such measured affinity for certain spheres of the body is a constant trait of the action of medicines, in addition to their purely physical effects, so-called. Hence we have a reason for seeking to reduce our drugs as nearly as possible to the active status of matter, extinguishing their massive character in molecular attenuation; which, by liberating dynamic or polarized molecules from the control of each other in cohesion, makes their polar forces, which, as in silex, were before merged in cohesion, manifest in presence of the organism, no longer as cohesive but as molecular force.

The most minute particle yet seen with the microscope is still evidently massive, not molecular; for instance, the 9,000,000,000th of a grain of mercury. The active molecule is vastly more minute.†

Stimuli are either physiological or pathological. The former, if abnormal in degree, become thereby pathological. They include all those agencies which maintain the supply of force required for the purposes of life, in the form of light, heat, electricity, motion,

* See Porter's Chemistry.

† See Wormly on the Micro-Chemistry of Poisons.

etc.; and which, becoming identified with the organism, appear again in the new garb of organic forces. Being largely due to solar and planetary influences, they necessarily obtain thereby the stamp of *periodicity* of influx and reflux, corresponding with the ever changing relations of the earth to other orbs. The practical bearing of this observation will presently appear.

Pathological stimuli *per se*, are those agents, material or immaterial, organic or inorganic, which, being heterogeneous in quality to the organism, or hostile to the normal operation of the organic forces, and so unsuited to normal nutrition, give rise to disturbed nutrition of one or more parts of the organism, with consequent functional lesion and even anatomical change; or which, in other words, provoke the phenomena of "Irritation," by virtue of forces inherent in, or incident to their molecular constitution or condition.*

Drugs are such irritant agents, that in health they are essentially pathogenetic, whereas in disease, their inherent molecular forces, directed by our guiding law to the field of vital contest, supply the deficit of force, or neutralize morbid polarity of cells and tissues, or confer normal polarity by induction; aiding the natural periodic stimuli, probably, in all these ways, in bringing about restoration of normal nutrition, or health.

Spirit has been referred to as a factor of nutritive erethism. It would be manifestly improper here to enter into any lengthy metaphysical discussion. Suffice it to say, that matter, in no case, can of itself perform that high function of intelligent will—obedience to law; a proposition which seems evident. The same may be said of force. Both are in themselves inert. From this it follows that spirit, meaning some combination of intelligence and will, is essential to all material action.

In all inorganic actions, common consent excludes the idea of intrinsic spirituality; therefore its phenomena must be momentarily controlled and directed by extrinsic spirituality, which, by general admission, is the same with that by which it was originally created, Deity.

The same observation may be extended to the lowest organized beings without difficulty. Now in this view, vitality is no independent, atheistic essence, but literally every act of circulation, respiration, etc., is an act of Divine interposition, and the laws of nature are simply the self-imposed rule of action of Deity.

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* See Hering's lectures on Hausmann.

Man, made in His image, is doubtless endowed, in a finite measure, with similar spiritual control over matter and force, as we constantly see illustrated in the phenomena of mesmeric psychology. The mind and will are well known to exert a controlling influence, in not a few cases, in producing or limiting morbid as well as curative actions of the organism and its forces, though constantly reacted upon by these.

How far the next grades of mammalia are similarly endowed, may be a curious inquiry, but the supremacy of man in this respect is evident. It is at the same time clear that only in a limited, a very limited, degree, without direct aid from Deity, can even man exhibit this power. With that aid, miracles become as the routine of nature.

But only in the consciousness of waking moments can Will act; yet in sleep, natural action, as in inorganic beings and low organisms, goes on uninterruptedly under the sleepless interposition of Divine will.

We cannot, therefore, either in physical or physiological discussions, atheistically ignore the influence of spirit, (as some claim we should do,) without violence to the inductive philosophy and to the true interests of material science. We cannot but assign it a place as one of the factors of nutritive erethism; and we may state of it, practically, that its agency is at various times exhibited in the way of control, at others in the way of stimulus. When the being parts with the spiritual conditions of its existence, it is dead.

Disease is the product of disturbance of any one or more of these factors. Deficiency of any of themselves as commonly existing, excess of any of them, and extraneous stimuli, may be proximate causes of disease; this consisting specifically of deranged nutritive erethism, commonly called Irritation.

Irritation, in the limited sense now intended, is peculiar to the animal organism, and presents five prominent features, viz: 1. Derangement of nervous function, quantitative, and remotely qualitative. 2. Vascular derangement, especially in the way of altered calibre, and stasis of the capillary blood-vessels of the irritated part. 3. Exosmotic disturbance, consequent on capillary derangement, and possibly, somewhat on neuro-dynamic influence, as in diabetes, from irritation of the pneumogastric nerve. 4. Disturbed cell-nutrition or proliferation. 5. Derangement of special functions. All these are visibly present in nearly all cases, but unfor-

tunately have been often separated and partially ignored. Indeed, not all cases present all these in the same degree and proportion.

Notwithstanding the variety of irritative phenomena, there are but three distinct conditions to be noted, viz: 1. Local anæmia. 2. Local hyperæmia. 3. Local inflammation.

The first is characterized by vascular contraction, diminished tissue-proliferation, and diminished exudation, with functional debility. The second is marked by increased vascular calibre, tissue-proliferation, exudation, and functional power. The third, by excessive vascular calibre, tissue-degeneration, exudation, and loss of functional power corresponding to impairment of nutrition. Coupled with each are various sympathetic phenomena, as chill, fever and exhaustion.

Contraction of vascular calibre is the first effect of stimulation of any grade, and characterizes the prevailing tendency of mild stimulation; hence the value of homœpathic doses. Hyperæmia, with its concomitants, results from excessive stimulation, debilitating the vessels by over action, the vaso-motor nerves being exhausted in part by over stimulation and response; excessive proliferation progressing up to a similar weakened state of the adjoining tissue-nerves. Inflammation has the same in greater degree, but the nerve force being at minimum, degeneration of tissue exceeds proliferation, and removes the excess of tissue formed in hyperæmia, and also some more than that; reaction,* via hyperæmia, causing repair.

All nerves seem to possess two functions, not often discussed in relation to them, viz: vaso-motor and proliferating influence, doubtless due to separate, but adjoining filaments, the nervous system being the depot, as it were, of organic force; hence the great importance of nerve, in the curative efforts of the organism, and the imperative obligation of the physician to conserve and stimulate it in all proper ways.

The proliferating influence is believed to be anterior in its occurrence to the vaso-motor, and Plate I must be studied with that reservation, each group being physiologically headed by nutritive changes. It by no means follows that, as sometimes taught, these cause all the rest. They are rather the apparent co-effects of nervous disturbance.†

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* Reaction is simply defined to be the totality of the processes of restoration.

† Primary anæmia is marked as having lessened proliferation, but before anæmia be developed, excess of nervous currents must have increased proliferation.

Drugs are sitmuli, heterogenous and pathogenetic, *per se.* They appeal, we conclude, by their innate molecular, polaric forces, to the nervous poles of the body, evoking their action by conversion of their own molecular forces, or by induction, and this, without prejudice to their purely physical effects. Large doses inflame, unless by evacuant exudation, the excess be eliminated. Small doses have the opposite effect, speaking comparatively; hence they cure, in diseases similar to those occasioned by such large doses.

But reference has thus far been made alone to the *initial* region in which excess of stimulus or irritation has been applied. By nervous association, both direct and remote, other and distant regions—the whole body perhaps—may be sympathetically affected, and as the nerve currents of irritation are very complex, and the effects on vascular calibre and nutrition very various, we may be pardoned if we trace, by study of provings and other diseased conditions, the more occult phenomena, by means of a diagram. As large and small doses act diversely, they are separately presented. See Plate I.

From this diagram we may also obtain a conception of the shifting of irritation to distant but sympathizing parts, this being known by the term "metastasis."

It will be observed, next, that in the production of the changes of vascular calibre, from irritation, the low potencies and crude drugs present the greatest initial irritation; whereas the higher show but slight changes in the same region; only causing, in fact, just that grade which developes characteristic symptoms of functional derangement, unmasked by the cruder inflammatory effects of large doses, in which every member of a class may equally partake if the dose be the inflammatory dose, in each case; so that high potency provings, though doing less damage to the organism in the way of anatomical lesion, may well give subjective symptoms, at least, of greater purity than those made with massive doses. If the most extreme lesions be desired in proving, of course, the large doses are necessary; both have their value.

Again, it will be noticed that in high potency irritations, initial hyperæmia is later in occurrence than is seen from the use of larger doses; extending to that range which, being next to the period of restored health, we regard as secondary effects. In this, two points come to view, viz: the diverse development of symptoms from high and low doses, and the superior value of

remote symptoms in the former and of the early symptoms in the latter case; true similarity involving a like initiation, as well as a like catalogue of symptoms, at least as to some general regional impression.

Lastly, we find that with high potency irritation, hyperæmia of distant, sympathizing regions, causing sympathetic and deceptive symptoms, occurs early, subsiding with reaction; whereas, in using low or crude preparations, these are less as a whole, and occur with the process of reaction, often becoming chronic. Hence, early symptoms from large doses; late symptoms from high potencies, are, for a second reason, the purest and most characteristic. In diseases, even high potency medication often excites characteristic symptoms early.

Still regarding the initial irritation as the typical action of a drug or other pathogenetic agent, we perceive that the morbid effect is pre-eminently engorgement of the irritated vessels, with corresponding nutritive changes, causing parallel symptoms, and increasing or diminishing with the doses.

With this variation in the power of different doses to engorge the affected region, experience shows that the power of reaction in the opposite direction from that of the morbid impulse, varies in like proportion, being less as the violence of the initial irritation exceeds the endurance of the vital organism,* and its ability to maintain the health standard, and being greater as the vital ability exceeds the violence of the irritation; consequently the drug action—primary effect—is most conspicuous after large, vital resistance and reaction after small doses.

Vital power differs with every person, so that a dose, small for one, may be excessive to another, or the same person at another time, and vice versa. Assuming an average, we may say that each drug, or other irritant, presents three distinct points in its posology, viz: 1. The dose which just balances the vital endurance. 2. The does which over-balances this. 3. The dose which is itself overbalanced by the vital ability.

Allopathy knows only the first two; the third it rejects. Homœopathy regards the first as neutral and useless, and so does allopathy. Homœopathy holds the second to be pathogenetic, not curative. Allopathy holds it to be curative, although indirectly and without specific quality. Homœopathy claims the curative specific quality of the third dose, provided the remedy be the

*This vital energy is easily estimated by the general state of nutrition of the body.

similimum. Allopathy regards this quantity as simply more inert than the first. This, being the merest assumption, and a negation at that, may be outweighed by a single fact, if indeed it be above contempt. If any one doubt, let him sustain by a syllogism the opposite opinion.

We may illustrate our position by the admissions of the other side. The practice of most allopathic physicians affords instances of the use of emetic drugs in small doses, in gastric irritation. Let the well known emetic, ipecacuanha, furnish the example, for it was long ago used, either alone or as an ingredient in the celebrated "Lady Webster Dinner Pills"* for dyspepsia, so commonly attended with sickness of stomach.

Now the doses given are comparatively small, and it is plain that the intended effect is just the opposite of that resulting from large doses. Instinctively, this similar remedy is employed in reduced doses, as Dr. Reith, our allopathic contemporary, boldly recommends in the case of aconite, although in the same breath refusing the logical sequence of his own argument.

It follows from the opposite effects of large and small doses, thus illustrated and daily observed, that there is a medium dose which has neither effect; and this is the first of the three quantities before named, to wit: that which just balances the vital endurance, and is therefore inert or neutral. It further appears that if we increase the dose above this point, the irritant effect increases.

Again, the allopathist, exceptionally taking a single step in the opposite direction, secures, sometimes, the anti-irritant effect; if not, he inconsistently refuses to proceed, and fails. The homœopathist, going on in the same direction, reduces the quantity again and again, receding farther and farther from the neutral, inert starting point, wherein he is simply and logically consistent, thus succeeding. Experience at the bedside giving practical proof of this, the efficacy of our doses become at once a philosophical necessity and an established fact.

Continuing the ipecacuanha example, we may now, using terms of general significance, say that large doses vomit, small doses arrest vomiting, medium doses have no effect: ergo, the largest doses are the most violently emetic; the smallest doses are most strongly anti-emetic.

A diagram will aid in comprehension of this proposition. See Plate II, figure 1.

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* Sometimes, in our day, the ipecacuanha is significantly omitted.

The leading reason for this state of facts seems to be that the impression of a drug being heterogeneous or irritant, the vital organism sets up a counter action, or series of actions, for the purpose of resistance and expulsion of the morbid agent.* There is no reason to doubt, however, that only by suitable stimuli can this resistance be induced, in natural diseases, the irritant cause having vanished. Hence the stimulus of solar and planetary forces seems essential to spontaneous recovery; medicines being substitutive or supplementary stimuli or force-bearers. Without such forces, constantly and intelligently applied, morbid states must be perpetuated under the law of inertia, even if life itself could continue without such intervention. (These natural stimuli are, therefore, *per se*, conditions of vitality.)

We may conclude then, that the primary effect, whatever the stimulus or the dose, is the stimulant or irritant action proper; most marked after large doses; the secondary is the vital response of the organism† in the direction of antagonism, *i. e.*, systemic reaction, attempted at the very onset, but best maintained after minute doses, which, however, would seem to be not merely, as in common dead matter, equal to the original action; but also having received vital impulse, must, under the same law, provided no obstacle be encountered, go on in the same direction forever, by mere continuance of the attitude of the parts concerned in reaction, so induced. No such obstacle previously presenting, the organic equipoise or health-line is, not without fluctuation, finally reached, and reaction terminates at that barrier. No dose is too small for this effect, if the agent be really present. Anatomical lesion, if great, may early prove a bar to reaction, and even to impression; demanding repetition of doses, and even crude forms, it may be.

A diagram will aid in the comprehension of this also. See Plate II, figure 2.

Let A be an elastic spring, firmly erected. B, a ball which strikes it from the right, moving it to C. The elasticity of the spring, representing vital power, returns the ball, on cessation of the original impulse, to A, to D, and finally far beyond to E, expel-

* These are violent in the primary period, more quiet in the secondary, when consequent on large doses.

† In this statement, Hahnemann's views are repeated; but, in strictness, primary and secondary effect must alike be viewed as the result of both drug dynamism and systemic dynamism combined; the former predominant in the primary period, the latter in the secondary.

ling it from its position entirely, as happens also with the drug. The spring, meanwhile, vibrates to and fro, illustrating periodicity, until at last it stands firmly in its normal place. If the original impulse were slight, quiescence must ensue the sooner and more easily, and although the original medicinal sinister impulse from small doses, indeed be slight, the normal status is reached all the more quickly and surely (supposing the organism passive before), in natural disease. Hence the infinitesimal or catalytic dose is the true curative quantity of a similar medicine.

The curative nature of a similar irritant, *i. e.*, the homœopathic medicine, seems due to the fact that whereas the morbid agent is, in natural disease, a thing of the past, its influence accomplished; reaction towards health goes on under stimulus of solar and planetary dynamism only, and these natural stimuli so fluctuate as to permit, if they do not provoke, periodic aggravations, whilst a genuinely similar drug, whose whole line of initial and sympathetic action is a counterpart of the disease, evokes reaction in advance of aggravation; and being a new agent of stimulus, and this hastened reaction being repeated over and over in the periods of amelioration, the medicine, as it were, steals a march on our slow-going solar system.* Thus too it happens that, especially with large doses, we are most apt to meet primary aggravation from medicines given just before the periods of natural aggravation, *cæteris paribus*.

It remains to be said that the curative power of very large doses of a homœopathic remedy which is sometimes witnessed, especially in the garb of an allopathic recipe, is to be accounted for in one of the following ways, or in several combined: 1. Great vital endurance. 2. The evacuant effect of some drugs, eliminating the excess of quantity, just less than an evacuant dose being most persistently irritating, therefore. 3. The mutually antidotal effect of combined or alternated drugs. 4. The imperfection of the similarity. The "just less" above named, is the kind of exception which proves the rule; and "the imperfection of similarity" is to be considered as possessing the negative advantage that large doses act by extension of their effect, by contiguity of tissue, or by connection of nerve fibres, from distant parts, and not by the direct influence of a similimum, of which small doses only can be borne.

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* All medicines may therefore be called "antiperiodics."

We may hence learn that similarity and contrariety are to be considered, not as absolute, but as relative terms; similarity gradually fading from the point of its highest intensity, to indifference; and contrariety, or remoteness of action, gradually fading also to the same indifferent medium, constituting an unbroken series of qualities, all the way down from the most intense *homo*pathy to the most complete *allo*pathy.*

Every physician of whatever school, in all probability ranges unconsciously over the whole series, with corresponding good or ill success; the homœopathist having the advantage of the guiding law.

To resume: Whatever the theory of physiology and pathology; cellular or vascular, which may obtain the confidence of the medical profession, all are now agreed that the primary condition of life is nutrition; disease being only an error of the same. Therefore, the questions of cell function and vessel function are subordinate, and we may add, are in reality questions of method rather than of results; and the dispute is as to the order of events rather than the entity of those events, both being included in normal, both disturbed in abnormal or diseased nutrition; in varied degree and proportion, it is true.

All existing doctrines, excepting those of homœopathy and chronothermalism, seem to agree in discarding as obsolete, the views revived a century ago by Brown, Mesmer, and others, concerning the agency of the Forces, and particularly the nervous force, in producing health and disease; though all admit its implication in both normal and abnormal nutrition, to use the modern phrase.†

Indeed, the old, like the new systematists had little clear conception of this point; hence their transient influence. Science, too, is eclectic; the systematists, old and new, somewhat too partisan. May we not hope, in again calling attention to nerve force, in this connection, to be exempt from their mistake?

In the classification of those agents which we call medicines, we have to bear in mind that they are such by virtue of their molecular pathogentic forces, that is to say, their capacity of producing irritation and abnormal nutrition, somewhere in the body,

* *Homo* meaning identically like; *allo* diametrically unlike.

† Hahnemann, although an opponent of Brown, so far agreed with him as to maintain the dynamic nature of diseases in general, which means the same as the "debility" of Brown.

in accordance with certain polaric or dynamic affinities; so changing the totality of its functions and the polaric or dynamic relations of its parts, as to constitute disease, just as occurs from other non-medicinal factors of the same morbid dynamism.

Such, indeed, is the similarity of both, that we may assert that whether morbid agents be material or immaterial, and whether their means of access to the minutiæ of the organism be alike or not, their modus operandi is essentially the same; that is, dynamic, or by and through force; and may be viewed as a unit.

We may affirm, besides, that so far as this differs in the animal organism from that seen in the vegetable and inorganic creations, all such dynamic actions are effected through the intervention of the nervous system. The phenomena of inception and progress are, in all cases, undeniably characteristic of disturbed forces; whilst in the higher animals, they are no less characteristic of nervous disturbance, being commensurate with it, if we consider the vaso-motor and nutritive influence of the nerves.

All changes of the material are, of course, effected through the forces which bear upon it, and the most obvious of those forces which concern the material components of the body, controlling, modifying or perverting their nutrition, as well as their functions, are clearly referable to the nervous system. Let us consider them, and then inquire for their relation to this great dynamic system.

Some will deny the accuracy of the term "forces;" alleging that all ordinary forces are held during life in abeyance to a single principle peculiar to living beings, to wit: the vital principle or life force; and that the only exhibition of the former is seen in the effete matters of nutrition. But without arguing this point, the question may be concluded by reference to the aphorism: "There is but one force in nature; all so-called forces being mere correlated forms of this one universal force of nature, differing in accordance with the media of their expression."

Thus, vital force is, after all, no separate entity, but only a mode, or more correctly, a series of modes, of dynamic expression, the medium being a living organism.

With this definition, the phrase is still useful. The central source of the forces which control all phenomena of the planetary system appears to be the centre of that system, the sun. This is so evident on reflection, as to require no argument; but it is important to limit the statement by the admission that the Divine Spirit first created, and (as neither force nor unintelligent matter

has in itself any power to obey law), momentarily controls the operation of all force, and that Man, as well perhaps as all inferior creatures, possesses not only susceptibility to, but also a finite measure of power to wield the same force, with and without the intervention of the will; a power conferred by the Creator to employ existing force for certain ends; not a new and overshadowing force, holding the existing forces in check or in abeyance, by supplanting them.

The sun, therefore, is to be regarded in its relation to us, not of course as the originator, but the depot of supply of that entity which we term force. The vegetable world receives its emanations directly, and appropriates the same to the purposes of nutrition, etc.; also, alternately, mediately, or indirectly through the earth which supports it, and probably through other planetary bodies more remotely. These evidently increase and decrease periodically.

The animal world is influenced in like manner, doubtless by all these, but the peculiar nature of high animal organization and life forbids the direct access of solar or planetary force to the minute structures except in an incomplete manner. Another channel of access is necessary, developing and storing up force and conveying it from point to point as required, under the inducement of appropriate stimuli, material and immaterial, physical and psychical. This necessity is provided for in the nervous system.

Force, however originated or supplied to the cell structures of a living body, is manifested to us on reaching these by all the phenomena of cell life, and we call it "cell force," and this varies, in respect to the fertility of nutritive action, very nearly in the same proportion as the known source and channels of force remain intact or not, and in particular those of nerve force.

Since our present inquiry is one concerning mainly the susceptibilities of animal organisms of a high order, the nervous system thus becomes the main point of interest in connection with this subject of force, nutritive force, in both normal and abnormal conditions.

In a word, then, we may regard the nervous system as a complex source and channel of force in addition to the direct agency of planetary and solar force, like to that of the vegetable world.*

* The solar and planetary forces thus appear to act specifically on the nervous system; its several divisions, as hereafter shown, being stimulated periodically, conformably with the mutation of those forces, consequent on the ever-varying change of planetary relations.

As a source the grey neurine is to be considered, the white being the channel of conduction, and presenting antagonistic *centric* and *excentric* poles, each end of nearly every nerve fibre being the one or the other. Grey neurine is not limited to the brain and spinal cord, therefore these are not the sole sources of nerve currents.

The whole body is more or less supplied with grey neurine, therefore nerve currents may originate in all parts of the body. Those which arise in the grey neurine of the nerve system may be distinguished as centric; those arising at the opposite ends or poles of the nerves as excentric. Grey neurine, in both situations, constitutes ganglionic tissue, and may be conveniently spoken of as consisting of centric ganglia and excentric ganglia.

The centric and excentric ganglia, however, are both subject to another division, according to their connection with the organic, the so-called sympathetic, nervous system; or the animal, the cerebro-spinal nervous system. Thus we have four classes of ganglionic nerve tissue, viz: 1, organic centric; 2, animal centric; 3, organic excentric; 4, animal excentric. See Plate III.

The first of these is made up of the chain of ganglia belonging to the great sympathetic nerve, not imbedded in the viscera. The second is made up of the grey matter of the spinal cord, and of its prolongations into the base of the brain, including the corpora striata, thalami optici, tuburcula quadrigemina, and in short all the ultimate roots of the nerves of special and general sensation, as well as of motion. The third is made up of the grey neurine of the viscera,* mainly, though the terminal ends of the organic nerves, universally, are included. The fourth is made up of the grey matter at the extremities of the nerves of animal life, with the nerve filaments themselves and their termini universally; thus including the muscles, organs of general and special sense, the cortical part of the cerebrum and cerebellum, and such visceral and vascular spheres as receive spinal filaments.

The arteries and arterial capillaries, as well as the visceral veins are largely in the third sphere; the heart, stomach and the general venous system largely implicate the fourth. Vascular disturbances are thus partially diagnostic, (as being arterial or venous,) of the affected sphere.

The cortical part of the brain is included with the animal excentric elements rather than the centric, for the following reasons: First, the olfactory surface and retina, as well as other clearly

*The heart affords an important illustration of excentric ganglionic tissue; also the retina.

excentric tissue is, in embryonic life, part and parcel with the periphery of the brain. Second, this portion of the brain is, although within the skull, terminal to the spinal nerves, and is analogous with other tissue similarly related. Third, in both physiological and pathological states there is a predominance of intellectual and emotional symptoms, generally conceded to be functional to this region, running parallel with the other signs of excentric erethism, whenever the latter prevails ; whereas, in centric erethism, whatever the similarity of symptoms, the traits of spinal force overshadow or give character to the merely intellectual and emotional manifestations.

The meninges, or enveloping membranes of the spinal centre, or cord, are, however, strictly excentric, as much so as the viscera or the muscular sheaths—a proposition which seems to need no proof —yet explains the need of excentric drugs in inflammation of those tissues and in basilar hydrocephalus.

Ganglionic tissue, now seen to be of general diffusion, requires to be nourished in like manner with any other; hence we derive an interesting reason for the intimate nervous connection of each of the four elements described, with each one of the others; each conferring nutritive force upon the others, and receiving it in return from each along the same nerve fibres;* for, as Leidy insists, it is absurd to assign to any nerve the power to transmit a nerve current but one way, they being passive conductors of currents back and forth, to and fro, as generated for the purpose. Thus two centres may be peripheric to each other.

Hence, too, we derive an explanation of the similarity of symptoms in provings, where there is, it may be, a clear pathological distinction associated parts or poles being successively and conversely affected. See Plate I.

Whatever the symptomatic differences, they largely relate to the order of development, (together with corresponding class signs in the sphere of periodicity, morals, etc., presently to be explained.) And, at the same time, recognizing the converse effects of large and small doses used in proving, we can understand why this same order of development of symptoms differs according as the *initial* action in one and the same locality shall be crude or refined, generally hyperæmic or anti-hyperæmic, erethistic or sedative; com-

* Thus the gray nutrine of any division indirectly obtains nutrive force during the natural intermission of its own special periodic solar and planetary stimulus.

plementary and even opposite effects being sympathetically manifested by all the connected nervous sphere, whatever the initial effect.

This, on general principal that the nutrition of parts exerts a mutual influence; moderate hyperæmina at one end of a nerve implying consequent tonic contraction, muscular and vascular, or even anæmia, spasm, chill, at the other end of the same, and vice versa; (temporary transmission states witnessing equal engorgements, etc., at times,) and an *extreme* hyperæmia (inflammation) at either pole implying a minor, conservative, sympathetic hyperæmia at the other; conservative because moderate hyperæmia, causing hyper-nutrition, develops active currents to contract the opposed capiliaries, etc.; of the imflammed part, and to restore nutritian whereas, imflammation is attended with incapacity in this respect.* See Plate I. The effect of mental emotion and will in the vascular system affords an interesting field for study in this connection, involving their dynamic influence on life-action.

Again, an excentric drug, as ipecacuanha, in high potency, (anæmic doses,) by indirect promotion of distant hyperæmia and proliferation at the centric poles of the nerves concerned, will act as a tonic. And in like manner we may account for the apparently contradictory symptoms of our provings, even in respect to those on which we herein propose to base our classification, viz: morale, periodicity, etc.; for since these vary with the stages of the proving, as well as with the doses, causing both initial and remote effects, one of three things may mar the accuracy of the record. 1. The proper moment for observing such class traits may escape us. 2. The quantity of the doses may be such as to exaggerate some individuality, standing in the way of development of class signs in their characteristic order. 3. The timing of the doses may be unfavorable to the same; each class of the four acting initially in its own class sphere, with periodic exacerbation; consecutively or sympathetically, everywhere else to the extent of its nerve connections.

We must also keep in mind the fact that not all apparent periodic aggravations are really such. As for instance, "expectoration only in the morning," under pulsatilla, is not an aggravation at all, but an amelioration from dry cough in the evening, etc.

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* The subsequent deficit in its nervous influence on associated parts develops the conservative, sympathetic hyperæmia therein. Here we also observe the dependence of vitality on organism.

In pursuance of the same point, we see the impropriety of fixing a uniform dose for provings, any more than for treatment of disease; since, as I have noticed, an individual whose temperament is of the same class with the drug, has most symptoms from moderately large doses; a contrary temperament, most from small and infinitesimal doses; and it is principally in the latter sort of cases that aggravations by high potencies, often denied, but real as any others, arise in practice.

Allusion having been made in the preceding paragraph to temperamental classes, it is enough to add that these are based upon the fact, elsewhere hinted at, that within those limits which consist with a state of average health, there exists, in the majority of persons, a preponderant erethism in one or other of the four spheres described; which is the temperamental basis of the individual.

This is liable to fluctuation in sickness, from hour to hour, or day to day; each temperament, as before stated, being peculiarly liable to the influence of those agents, material or immaterial, solar, planetary * or medicinal, which act specifically in the temperamental sphere; moderate or small and rare doses of the latter being inert, or else acting by primary effect sedatively, anæmically; excess causing hyperæmic disease, as in the homœopathic provings.

The signs of each in health, with the changes in disease, are given hereafter. The ancient classification of temperaments is thus superseded, or perhaps it were better to say, reconstructed on a new foundation.

The proposed classification of medicines is made by the symptoms, so far as known, of moderately large doses, the provings being continued long enough to confirm their class conditions, other drugs being added to the lists, according to analogy of chemical and symptomatic traits. In such provings an artificial diathesis supplants or else exaggerates the natural temperament; the class characteristics being ordinarily clearly marked, changing, however, when reaction sets in, into some co-related sphere; requiring an antidote, it may be, of this last class; just as the remedial use of the same medicine may be followed by a like necessity for the same consecutive drug in curing a given case of disease.

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* The changes of position of the earth towards the heavenly bodies are marked, in the animal organism, sick or well, by changes in the nutritive activity of the several class-spheres.

Affinities and comparisons among related drugs, differing in class, thus assume great value, and in the use of low potencies, we may even predict the consecutive remedy a day or two in advance, in acute cases.

Before stating the characteristics of the classes, either of temperaments or the casual general states observed in disease, or of the corresponding drugs, the grouping and titles of the last named may be given and accounted for in a general sort of way. Thus:

Class first, the Organic Centrics, or Ganglionics, consist, so far as ascertained, of but two remedies: aconitum and veratrum viride.

Class second, the Animal Centrics, or Spinants, comprises all the narcotics and bitters, so called in allopathy. Nux vomica is a type of the class.

Class third, the Organic Excentrics, or Anti-Ganglionics, comprise the common acrids, alkalies, salines and acids, of which pulsatilla is a general type.

Class fourth, the Animal Excentrics, or Anti-Spinants, includes a variety, as alcoholic liquors, ether, all the aromatics, the fœtid and pungent substances, the oleo-resins and gum-resins, the anti-spasmodics and stimulants of the old school), and all the astringents, vegetable and mineral. Zincum may answer for a type. The third and fourth classes are allied, chemically, by the vegetable acids of the former and the tannic acid of the latter. In consequence, partly, of this alliance, four groups are formed from class third.

Group A, alkalies and alkaline earths; their carbonates, and borax. Group B, simple neutral (?) acrid substances. Group C, salines, neutrals, composed of acid and alkaline substances, chemically united. Group D, acids, mineral and vegetable.

It will be yet asked, "by what scientific rules may such a division be made, and how can any new medicine be assigned with diagnostic certainty to its proper place?" The answer is, by three indications: 1. The chemical quality of the substance, and its consequent natural alliances. 2. The pathognetic record, especially as concerning morale, periodicity and order of development, together with physiognomy, manner, attitude, etc., all being expressive of the condition of the general system and harmonizing with the preceding. These symptoms are viewed aside from any nosological and pathognomonic traits, as well as from mere subjective disturbances; giving the first place, in short, to those

which point out the medicinal *diathesis*;* and of these, so far as classification is concerned, to the generalities which all the co-members of each class possess in common. 3. Experience of the action of the given medicine in disease, by all schools, and the alliances thus ascertained.

In illustration of the first rule, the chemical, all known oleo-resins are members of a therapeutic class, long recognized as possessing in common, certain qualities as medicines. All oleo-resins are thus seen to belong to this medicinal group. The second rule is brought into play when we consider the primitive anatomical sphere of action of all these oleo-resinous drugs as well as their congeners, the gum-resins, viz: in the excentric element of the animal nervous system; shown by all grades of sentient and motor derangement, from paralysis to spasm and neuralgia; and cerebral disturbance, from stupefaction to craziness; visceral lesion being at minimum, sentient and muscular disturbances maximum. The third rule recognizes the experience *ex usu in morbis*, whence all these drugs have been considered from ancient times as suited to "nervous diseases," and hence termed "anti-spasmodics;" which name, however, falls far short of expressing their individual homœopathic uses.

By the 2d and 3d rules, the "mineral astringents" are classed with the oleo-resins and gum-resins; and naturally, the "vegetable astringents," all containing tannic acid, go with these, though bordering on another class, containing other organic acids.

Nature, indeed, abhors the trammels of any absolute lines of classification and distinction. So, it may be as difficult, at times, to say absolutely where a drug belongs, as to declare whether a very low animal is not, after all, more a vegetable in its qualities.

Finally, the volatile nature of the oleo-resins, coupled with their stimulant quality, associates with them other substances similarly endowed, viz: the aromatics, the alcoholic substances, and the ethers. All these, then, mainly and primitively affect the peripheric or terminal, excentric portion, or the "excentric poles" of the animal nerves.

The fourth class, above described, being composed of apparently diverse elements, illustrates the rest, but the others may be briefly touched upon also. Thus, most of the first and second

* It is this which is affected by potency provings; *i. e.*, a *predisposition* is thus produced; by which any exciting cause, as cold, or any other, developing an ordinary pathological state, the latter is stamped all over with characteristic peculiarities of the drug. Hence we see the value of "trivial symptoms," so-called.

classes depend on an alkaloid active principle. But this is a decidedly less distinctive point for them than is their pathogenetic record—particularly in seperating these two centric classes from each other. Thus, the first class, as aconite, clearly affect the organic tissues most; whereas, the second class (instance, nux vomica) as clearly bear most on the animal organism, together with such viscera as are freely supplied by nerves of animal life, as the liver, stomach, etc. Further, none of these cause any local change of importance in either viscera, muscles, or organs of sense, when applied to their tissues directly—yet how marked is their indirect effect! Only through the nerves which supply them, can this be brought about! Therefore, the inference by exclusion is, that their initial action is in the corresponding nerve-centres. Learning, now, from their pathogeneses, what else they have in common, especially as to diathetic generalities, we may, in studying any new remedy, on finding like traits strongly marked in the proving, by moderate doses, slowly and long taken—the typical posology for purposes of class diagnosis—at once assign it to the same class; as has been done with certain of the "New Remedies." But it must be kept in mind that the primitive action is, conformably to Hahnemann, the typical one for classification; and besides, that the consecutive effect of an infinitesimal dose resembles, measurably, the primitive effect of a large one. Therefore, undue haste in determining the class of a drug, alone from provings, should be cautiously avoided.

The two grand centres present distinctive distributions; and in these, the several sorts of blood and lymphatic vessels take part. Thus, the organic affects the arteries, arterial capillaries, and largely the valveless visceral veins, portal, cerebral, etc.; the animal centre controlling the venous capillaries and heart, in part; all of which become deranged in concert with the corresponding nerves. So little is known of the lymphatic system, that we cannot say much about those vessels, but may draw inferences from provings, etc., hereafter.

Again, some drugs are compounded of bodies of diverse character, not chemically combined, and belonging to different classes. Thus, china, belonging mainly to the second class, contains also tannic acid as an active component, allying it to the fourth. Even when chemically combined, such distinct powers may co-exist in the physiological effect, as in sulphate of quinine, the sulphuric

acid, as well as the alka-loid, quinia, being active. Such drugs are, so to say, hybrids.

Lastly, the third class presents certain peculiarities. Thus, it is divided into four sub-classes, or groups; A, alkalies; B, common acrids; C, salines; and D, acids; naming them as they approach, in dynamic qualities, the succeeding or fourth class, and as the class distinctions grow fainter.

The common acrids are mostly chemically neutral, pulsatilla being a good example. A few, as ipecacuanha and veratrum album, containing some portion of alkaloid active matter, unlike, however, those of the narcotics, resemble, somewhat, in properties and indications, the alkaline group, especially in the watery or milky complexion, etc. On the other hand, some, as rheum, containing tannic acid, are allied to the acids also, and are suggested, like them, by the presence of a tough and even swarthy skin. In the latter alliance, we also find such combustible bodies as phosphorus and sulphur; whilst in the alkaline alliance, the supporters of combustion, or "halogens," are found; the oxygen of all the alkalies and alkaline earths giving them, apparently, this characteristic affiliation, their metals being less potential in this respect than those which retain oxygen with less avidity. These last, indeed, belong mainly to a distinct class, the fourth mercurius vivus, although a member of the third class, yet is like the fourth; mercurious corrosivus, like the alkalies and halogens, though of similar local effects; mercurius solubilis stands between; such medicines as sepia, carbo veg. and carbo animalis, are severally classed with those of inorganic source, with which they are allied, viz: natrum mur., kali carb. and calc. phos., which are also constituents of their media of life, or else of their own structure during life, or both.

I have thought that the distinctive complexions, tough and delicate, of persons respectively suited by the acids and alkalies, might be attributed without violence to their diverse external or internal erethism; the drugs severally exhibiting their elective galvanic affinity for, and effect on external or internal tissues, predominantly; just as the plates of a galvanic battery eliminate acid matters from one, and alkalies from the other, side. The skin corresponds with the former, and is apparently tough in proportion to its activity; the mucous membranes with the latter, as to both their natural secretions and their drug affinities. The suc-

cessive intermediate layers of tissue probably hold like relations and subdivisions of all, also between themselves.*

The salines stand midway between acids and alkalies, combining their effects in various particulars, and, like the acids, are feebly distinguished in some points, as periodicity, from class four. All these, with their chemical relatives, are the so-called "antipsorics," implying that "psora" is really a galvanic aberration, affecting opposed surfaces. The combustibles, as phosphorus and sulphur, range with the acids, though in an inferior degree; being allied to class four, also, by this circumstance.

It cannot be too often repeated, that from the continued use of any drug of a given class, especially in high potencies, these generalities are subject to be converted from one class to another, antagonistic to it; hence it is that after experience in class symptoms, the physician may often predict the class, and even the remedy itself, which he will next have to employ; always allowing for the tendencies of the individual constitution. And so familiar do class-symptoms become by study and observation, that often, even without asking a question, by the eye, taking in the objective points which mark the class, one may decide *a priori*, to dismiss from consideration three-fourths of our voluminous Materia Medica.

It is a plan not to be despised by the less expert, first to select that remedy in each of the four classes, which in that seems most similar, and forthwith, by the signs hereafter given, select that one of the four which possesses the class traits. If these were indistinguishable, the "keynotes" or "characteristics" would be decisive. Indeed, in some cases, the force of the latter, *if known*, may overbear that of the class-symptoms, though it remains true, that in nearly all instances, the class-signs must, sooner or later, in the treatment of the case, be respected, and the earlier and better. And this is true, regardless of the name of the disease, or the number of remedies which may be supposed to act specifically on the organ most palpably concerned, all of which is important, yet not decisive alone. Even conflicts among "characteristics" may often be settled by class-signs, when the latter are strongly pronounced.

The alternation of remedies *a priori*, is thus avoidable, though, if practiced at all, there exists no scientific reason which can be

* Aldini and Golding Bird attest that an action similar to that of diverse metals, results when a frog's leg is held in the hand (under suitable conditions,) and the sciatic nerve is applied to the mucous membrane of the tongue. The effect is, at once, contractions, as in the ordinary experiment with copper and zinc plates.

alleged in its defense, it it be not in the way of a commination of the diathetic with the pathological indications; each being represented by a particular remedy. Nature has, however, furnished so many such combinations, ready to hand, that this method seems, to say the least, a superfluity.

The next question is the following: How may the class-signs be recognized in the several cases requiring such diagnosis, viz: first, in the temperamental traits of healthy persons; second, in the temperamental traits, or casual changes, of deceased persons; and third, in the materia medica? The answer is distinct for each of the four classes. The initial sphere of action is meant, as concerning drug-provings; the symptoms of this sphere being characteristic.

Before discussing each of the four classes in detail, it is proper that the fact should be noted, that both of the centric classes have certain points in common, distinguishing them from the two excentric classes, which are, in like manner, marked by resemblances to each other, as well as common diversities from the two centric classes. These traits are, in the centrics, of an executive, and in the excentrics, of a subservient quality; the sense of these terms being equivalent to "impressive" and "impressible," as hereafter employed.

Common signs of both Centric Temperaments.—In both, there is a keen, *clear eye*, a decided physiognomy and manner, and an amount of vital resistance, and personal potentiality, which does not obtain in any excentric type; which is susceptible of increase by cultivation in any person; or, on the other hand, decrease by neglect and sensual indulgence; thus becoming abundant and indomitable, in times of trial, when courageously borne to the acme of success; and again, when otherwise conditioned, dwindling to enervation and dejection, or even to obliteration, more or less rapidly and completely according to its original predominance and intensity.

The whole physiognomy and bearing of both of these, is possitive and impressive, however modified by combination with other elements, often affording to the expert an instant criterion. Towards their own organization, as well as towards their follow-men, they maintain a positive magnetism of will.

General Distinctions.—The Ganglionic temperament, (or diathesis, as a casual morbid alteration may be termed), has an aspect, however, denoting instinctive and incisive impetuosity. The Spinal

(Class II) has rather the character of wary calculation—self-poise—carefulness. It may not be out of place to instance General Sherman under the first, Mr. Seward under the second type.

Comparative General Resume.—Both are marked characters in social life. Both alike move on persistently towards the goal of desire, with a single eye and fixedness of purpose, concentrating their powers to the attainment, unrelentingly. The Ganglionic reaches the end by sheer force, with such wisdom as may be at hand to aid; the Spinal, by systematic and wary pursuit of preconceived plans. Both are *rulers* of mankind. In sickness, both have great tenacity of life, and powers of reaction. Wonders heal readily; and remarkably, the first do best in case of compound fracture, as from gunshot, whilst the second better endure injuries of the viscera.

Thus, in one of class first, gunshot wound of the lung was well nigh fatal, whereas in an identical case in the same military hospital, occurring in class second, the man was able, within a few days, to sit up and wash his own wound. And among a variety of cases of gunshot fracture of the femur in the same establishment, not amputated, a favorable progress was observed exceptionally in the only individual of them all, belonging to class first, (all the fractures in the ward being amongst Confederate soldiers); the one referred to giving constant evidence of his physiological class by imperious anxiety, restless self-attention and overbearing will.

In some cases, however, of persons of disciplined character, especially if aided by the influence of the third sphere, as shown by a tendency to fatness, these manifestations of class first give place to stoicism, which is an alternative trait, as illustrated in a German officer from Illinois, after amputation for gunshot fracture, and who was well, besides, almost immediately.

Whilst anxious concern, or else stoicism, marks the first class, the second shows repulsive ill humor, or else self-retirement, in sickness. No real "vacillation" is seen in either. That which indicates nux vomica of the second class, is rather a result of conflict between a wilful determination, and the superior claims which demand a contrary course; whereas a real vacillation is an excentric sign, and is the fruit of insufficiency of will; a distinction which ought to be more generally made.

In both centric types, the predominant periodic erethism occurs between midnight and noon, although the admixture of excentric

elements in the constitution, sometimes masks the fact by minor erethism in other parts of the twenty-four hours, as in the afternoon symptoms of aconite, of the first, and belladonna, of the second class.

Again we note a distinction between classes one and two; the erethism of the former, the Ganglionic, being mainly between 12 and 3 o'clock at night, and from 9 to 12 in the daytime; whereas that of class two, the spinal, occurs mainly between 3 and 9 A. M. In disease like periodicities obtain.

Finally, if two men, respectively of classes one and two, enter into any business together, the former becomes at once the leader of enterprises; the latter, the manager of them. Both may still be used by others; the first by seconding, or appearing to second his blows; the last, by furthering, or appearing to further his schemes. Both, however, victimize persons of the other two classes, with facility, when unrestrained by principle or otherwise.

General Likeness of Excentric Types.—Both class three and class four are in common characterized by a strong line of distinction from the two centric classes—*i. e.*, whereas the centrics are characteristically impressive, the excentrics are decidedly impressible.

General Distinctions between Classes III and IV.—They differ from one another, however, markedly, in that, whilst the Organic Excentric, Anti-Ganglionic, or third class, have the quality of inertia,* the Animal Extentric, Anti-Spinal, or fourth class, exhibit sympathy and sensibility as a prevalent condition. Mingled, as they usually are, proportionally, these elements modify each other.

The four classes may here be briefly compared, thus: the first, with the Northern mountaineer, who pursues the agile game from crag to crag, with a singleness and fixity of purpose which insure success, and overcome all obstacles; the second, with the careful merchant who plans the purchase and sale of the product of the chase, and of the merchandize required in return by the hunter; the third, with the sluggish peasant who serves the merchant contentedly for the sake of food and raiment and shelter, growing fat in his vegetable servitude; the fourth, with the children of the same merchant, taught in the schools, charmed by the attractions of society, or by those of learning or art; and despising alike, the

* This may be quite compatible with bad temper in sickness, and with a sort of gaiety in health.

hardy life of the hunter, the mean selfishness of trade, and the stolid vegetation of the servitor; a source of anxiety and apprehension, yet of pride, to their careful and shrewd parent; draining his purse and enlivening his house.

Or, again, the first class rules the North; the second rules the South; the third is the phlegmatic white drudge; the fourth the gay black one. Or, to use the very incorrect Galenic phrases, the first is the sanguine; the second, the bilious; the third, the lymphatic; the fourth, the nervous temperament. These, compounded, form secondary types, as the bilious and lymphatic, forming the melancholic, so-called, etc.

Special localizations occurring, constitute "habits;" usually concerning most the excentric elements. Thus, the cortical part of the brain being habitually erethistic, in undue proportion to other parts of the same class-sphere, the "encephalic habit" results. If the liver, the "hepatic habit;" better called the "bilious," only for the danger of confusion. If the muscular system, the "muscular habit." If the genital system, the "hysterical habit." If the lungs, the "pulmonary habit."

Localized erethism, or even a tendency to actual local inflammations, it may be, will characterize these conditions, all being discernible by application of the ordinary laws of diagnosis.

Finally, the symptoms of *morbid* erethism, in the sphere of class one, is comparable with a blow-pipe flame; class two, with that of a kerosene lamp; class three, with the smouldering of "punk;" class four, with the flashing and sputter of nitre-paper.

It should be here remarked, that the above statement of the supremacy of the laws of diagnosis, is the proper answer to the query, as to why we assign to certain anatomical (nervous) spheres, the generation of typical temperamental peculiarities, reducible to four distinct classes, together with the like assignment of all medicinal actions to the same spheres, under the same classes. This has already been discussed, yet, here again, and once for all, it may be said that as the functions of nearly every minute part of the human organism are now well ascertained; normal or abnormal erethism, however caused, in any or all, is thereby easily mapped out and located, and its precise character diagnosticated. Therefore, the diagnostic study of Man, healthy, or from idiopathic or medicinal causes, unhealthy, affords, as we think, a satisfactory solution to the problem; and so far as concerns the action of drugs, the chemical and pathogenetic records of our materia

medica become the woof of the fabric, whose web is anatomy and physiology.

Whilst undue prolixity in such a discussion is to be deprecated, still, the practical utility of the proposed classification depends so intimately upon a clear view of the diagnostic points by which the classes may be promptly known, that the mere allusion to this it is hoped, justify a still greater minuteness of description. To this end, each class will now be reconsidered *seriatim.*

Class I. Ganglionics ; Organic Centrics.—The signs of erethism predominating in this sphere, are the following. Morale : positive, unswerving, uncompromising, direct and persistent—or, in profound organic irritation, we see apathetic or stoical fortitude, or else imperiousness, anxiety, and concern ; irascible, even sarcastic in manner, or else very cold ; independent, unsympathetic, (except in compound with class four), harsh, self-confident, impetuous, cheerful, energetic and untiring, impatient, prompt of action, and opinionated. Rarely and exceptionally insipid, and shrinkingly repulsive, self-saving, and indifferent to the feelings of others, except from policy—a sort of *noli me tangere.* They are, in attitude, stiff or politic ; in gait, determined and positive, or apathetically deliberate and cool. Physiognomy : choleric, occasionally "magnetic," or else unimpassioned and even cynical; if perverted, insensible and cruel. Complexion : florid,* or else very pale, rarely brunette, and depending on the associated excentric elements. Gestures : rigid in men, prim in women. Tone of voice: authoritative, or "cheery," or else very reserved. Muscular movements : quick, or else automatically deliberate. Under pain: frantic, concerned, anxious, or else stoical. Appetite and functions : regular, tonic, automatic, instinctive; organic functions most marked. Periodicity of erethism : between the hours of nine and twelve, possibly extending to three o'clock in the daytime ; also at night, during the same hours ; especially twelve to three o'clock. When sick, visceral diseases predominate, and are either sthenic, or intensely "pernicious," *i. e.*, "congestive". The impatience becomes very marked, or it is suppressed by discipline into stoicism; or by the "pernicious" tendency, into apathy. Usually, he chafes, is headstrong, and greatly distressed, anxious, hot, and delirious, it may be, after midnight. Occasionally, instead, the alternative condition, reptile-like indifference and colliquative, congestive depression, or even coma.

* This redness differs from that of class four, in being more circumscribed, and lighter.

No one can fail to recognize aconite as a type of the class of medicines showing their primitive effects in this sphere, and bearing the same names, viz: Organic Centrics, Ganglionics—Class I.

Class II.—Spinants—Animal Centrics.—The signs of erethism in the spinal centres are frequently, yet not always found in the so-called "bilious temperament." The prevailing point is self-poise! Keen, calm, conscious of *reserved* power—such an one is steady and persistent in pursuit of any aim, though quite equal to patient waiting on occasion; essentially a manager and controller; prudent, judicious, self-reliant; a strong believer in "common sense;" not easily diverted from the beaten track of experience and of self-interest. If perverted, monstrously selfish and unscrupulous, using for base purposes the power and ascendency which he readily gains over the sympathetic, the aspiring, the unwary; and unrelenting, but cool in revenge. Manner, positive, yet, self-poised and quiet; not stiff. In undisciplined persons, sometimes, a dull, almost stolid gravity prevails. Attitude, attentive and wary. Features, under steady control. Complexion, variably tinted with the associated excentric elements, and not characteristic, being pallid, florid, or swarthy. Gestures, decided. Tone of voice, resolute, steady. Muscular movements, firm, deliberate and rhythmic. Under pain, steadiness and fortitude, sometimes doggedness. Periodicity of erethism, 3 to 9 o'clock, A. M.—usually not sleeping much towards daylight. Appetite and functions, regular and tonic.

When sick, obstinate and surly, rather than headstrong. Motions resolute, whether hasty or deliberate. Suffering, if prolonged, makes him angry or dogged, or the self-poised mood of health may remain little changed. The aggravation of the pathological processes is mainly early in the morning.

Class III.—Anti-Ganglionics—Organic Excentrics.—Physically, extremely susceptible; mentally impressible, but not responsive; inert and yielding; often indifferent to danger and difficulty, but readily succumbing; tender, but not sympathetic, (except by admixture of class IV) content to vegetate in any easy lot. Prone to embonpoint; not very firm of fibre. Very prone to organic lesions, which have here their principal domain. It is pre-eminently subject to chronic taints, and to insidious, rather than open disease; and has feeble vital reaction.* Physiognomy

* Medication must therefore be the more persistently pushed particularly as to repetition of doses.

and manners, insipid, but somewhat gay. Muscular motion, sluggish, deficient in force. Attitude, indolent. Gait, gestures and tone of voice, indolent and easy. Complexion, translucent or muddy, according to galvanic (?) predominance, internal or external; (the former suggesting the *alkalies;* the latter, the *acids;* the medium skin, the *salines.*) Periodicity of eretheism most marked and typical, from noon to midnight; (less accurately in cases for salines and acids), especially the first part of the night, as shown by imperfect sleep, etc., etc. In sickness, organic functions deranged, and organic lesions prominent; temper peevish or desponding; tending to exhaustion and collapse. Such are the typical traits of class III. But rarely, indeed, can these be found so predominant in a healthy human subject, as to quite overshadow other and higher qualities, especially if there have been opportunity of culture. Truth to say, mixture of all four of the qualities, to some extent, is the rule; the contrary, very exceptional, in fact, a sign of disease. The perfection of such combination, often too little valued, is happily illustrated in the person of George Washington and U. S. Grant. The commingling is, however, usually observed in infinite diversities of proportion and intensity.

Class IV.—Anti-Spinants—Animal Excentrics.—Anatomically the tissues of this class are somewhat mixed with those of class III, in the organs, but nervously connected with the spinal centres. This sphere may, therefore be said to stand anatonically, as it does symptomatically, between class II and class III; both, yet diverse from both. Its whole quality is such that with justice, it might be called the "Sympathetic Temperament."

It is essentially receptive of, and responsive to all impressions, physical and psychological. It includes, besides all the organs of sense, the muscles of animal life and the intervertebal ganglia; also, the so-called phrenological organs of intellect, imagination and emotion; is therefore eminently related to the spiritual nature of Man. To these may be added, *partially*, the venous system, the heart, stomach, etc. It is illustrated in the walks of literature and art; but like the third class, finds no congeniality in fields of conflict, either material or spiritual. But withal, under the spur of provocation, is spiteful and passionate; and for the vindication of a sentiment or idea, is capable of being led to great deeds; but unless combined with a strong centric element, unfitted to lead; being wanting, not perhaps in self-conceit, but in self-sufficiency;

in steady continuance in a given line of action, and in self-dependence; losing sight, it may be, of the end, in preoccupation with the means of its attainment. If in a military man, grand reviews will be preferred to battles, and pomp to the dusty march.

It is specially liable to enthusiasm, even to error; yet is the antagonist of the purely selfish and monopolistic centric forces in Man. It is that which binds together the social elements; poetic and true, if the cause be right, and the principle sound, but drivelling and rash when in the wrong. Pain appeals not in vain to it, and is exquisitely felt. Danger is fully appreciated, and greatly feared, unless curiosity, anger, pride, duty or affection hold a stronger influence—when enthusiasm overcomes the fear, and inspires, even to daring.

Interest, so powerful a motive with the first two (centric) temperaments, is here of a power altogether inferior to feeling and thought, which supersede dollars, houses and lands; though fame, power and place, with the appendages of wealth, are highly prized. It is tender and susceptible, readily yielding to the demands of taste, passion, friendship or affection; is subject to deception; liable to vacillation, to rashness and impatience; may be selfish, but is usually generous, somewhat prodigal; varies between gaiety and irascibility or melancholy; is, in short, when unbalanced by centric influence, sensuous, sensational, erratic and infirm, or fanatical and visionary.

The manners may be cheerful, kind and courteous, or if the feelings be ruffled, sad and dispairing, or morose, spiteful and rude. Moodiness may rule the temper, and inspire the pen. The poets, Cowper and Byron, may serve as extreme illustrations; also, the many persons whom one meets, usually called "nervous." This temperament, indeed, is very nearly that which goes by that name.

It is, as it were, the basis of human qualities; having the other elements developed about it by circumstances, external as well as internal. Like all the rest, it may be either stimulated or held in check by will and education.

The attitudes, the gait, the gestures, the physiognomy, the tone of voice—all plainly declare the traits here stated. The facial complexion is, normally, finely and universally crimsoned; but certain localizations ("habits," aforesaid) and certain climates (as the tropics), and also certain modes of life, greatly affect and modify this. The organs and tissues of the sphere are of course

active; the senses are quick; the eye is bright, meaning, restless; the features mobile and expressive; blushing readily occurs (in youth); the manners are sprightly. In sickness, languor and indolence, or great excitability and restlessness, change or exaggerate all these signs. Illustrated by gelseminum, coffea and zincum.

Partly for the sake of contrast, the two eccentric temperaments may here be considered together more at length, as has already been done with the two centrics. Both excentric types of erethism and temperament being characterized in common by impressibility, as already shown, we repeat that they yet differ essentially in the fact that the organic type tends to inertia, whilst the animal is marked by sympathy and sensitiveness. The former bears repeated doses of medicine with ease; the latter is easily wrought up, even by high potencies, to violent aggravations, with febrile or nervous symptoms; especially if the medicine be foreign to this class. In the organic, the skin is comparatively flabby—varying in color with the "galvanic" relation of inner and outer parts; darker and tougher when the skin is predominantly active; delicate, if the mucous membranes. In the anti-spinal, however, it is either fine and crimson, or more dense and brunette, or even leaden. The eye may in both be alike in softness; but in the anti-ganglionic, rather immobile; whereas, in the anti-spinal, it is inclined to flash. The former is captivated by "creature-comfort;" the latter, by sentiment, feeling, thought. In both, the morale corresponds with these external and social characteristics.

Thus the anti-ganglionic tends to apathy, sadness, hopelessness, inertia—or else to the cool boldness of non-appreciation. The whole vital voice is organic. Disease here takes close hold of tissue; vital resistence is slight; anatomical lesion is set up (this being, indeed, its great sphere) very soon, close upon the heels, as it were, of functional derangement, or rather, coincidently with it.

On the other hand, the anti-spinal, whilst easily receiving impressions, is speedily roused to active response, and develops a keen appreciation of all influences, agreeable or otherwise; and is of changeable morale. Violent diseases may occur, in which, sometimes, the keenest pains are suffered; but withal, they no not equal, in shock to the vitality, and gravity of symptoms, similar conditions in the other sphere, with which, however, it is, we may again say, anatomically combined by contiguity; yet only a few of the worst cases in the anti-ganglionic sphere, equal the anti-spinal in external demonstrativeness, under pain and disease.

Extreme erethism in the anti-ganglionic sphere is commonly marked by utter prostration; in the anti-spinal, by spasm, paralysis or coma. In meningitis,* with effusion, the same may obtain in the *former*, also, combined with the proper class-signs; but in the latter, languor occurs, in lieu of real prostration.

The *periodicity* of the anti-ganglonic sphere has already been stated. That of the anti-spinal, or animal excentric, is most varied and composite, as though made up of the periodicities of the other spheres; the most typical being compounded of morning and evening erethism, or any other two daily periods. Thus, the increase of erethism, marked by disturbed sleep, or uneasiness of some kind, may occur in the afternoon and evening, or, evening and midnight, or midnight and morning, or morning and forenoon, or forenoon and afternoon, or morning and evening, or all day† only, or all night† only; and yet other combinations.

In grave anatomical lesions, which involve all the four spheres more or less prominently, these periods, which seem to show the vital resistance, are in great measure suppressed, until restoration and convalescence begin.

Sometimes, even when clearly marked, it is impossible, owing to the influence of conventionality, obstinacy or stupidity, to elicit from an individual, any evidence of the real periodicity, morale, etc., except after the most rigid cross-questioning and explanation. Even then it is not always possible. In this, and all similar emergencies, we have to rely on other class-signs, as physiognomy, manners and complexion, as well as the "keynotes," or "characteristics," "totalities;" using any and all the means at hand for the proper selection of the remedy.

In sickness, as already stated, persons belonging to this fourth class, will usually present a restless eye, nervous mobility, exquisite sensibility to pain, solicitude about their surroundings; or general feverish languor, with flushed face, suffused eyes, drowsiness and quiescence, or else irregular muscular motions. For such a state, attending a febrile or inflammatory affection, aconite could not but do mischief. Gelseminum would be probably curative.

In selecting medicines of the fourth class for persons of delicate skin, it is important to remember that the mineral drugs are very prone to act unpleasantly, the organic substances being milder in effect.

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* The cerebro-spinal meninges largely involve class III.

† These are sometimes simulated by the third class.

Certain symptoms, as before remarked, may prove deceptive as indices of aggravation. Besides the illustrations heretofore given of this, the paroxysm of ague is a decided instance. Thus, the real exacerbation of the total derangement of the organism may correspond with class III, yet the paroxysm may begin early in the morning, the general state being more marked by vital activity than in its absence at evening. Then, the paroxysm being only a part of the totality of symptoms, ranks lower than the so-called collateral, and especially the apyrexial symptoms. In other cases, a real fever may be an amelioration, from a prior deficient reaction of congestive fever, as it is called. But, when the paroxysm and all other symptoms have coincident aggravation, the duty of prescribing becomes much simpler. Still, let it be borne in mind, that a really conservative action of the system may be mistaken for a genuine aggravation, and so mislead in the choice of a remedy.

Again, real indications may seem to conflict. Here, as in all things, we have to balance and decide between conflicting claims.

Lastly, early in acute diseases, class-signs may be undeveloped. Here, the cause and the usual temperament will be guides.

The excentric spheres afford ocular illustration of the anatomical basis of this classification.

Thus, a nail lodged amongst the termini of the spinal nerves in the foot, has caused neuralgia or tetanus, or paralysis; amenable, early at least, to hypericum, of the fourth class; here acting in its own class sphere. Or, the papillary structure of the skin (anti-spinal tissue) is inflamed, as shown by a lens; forming an itching papular eruption. Denuded by scratching, it oozes a plastic, sticky fluid. Graphites, of the fourth class, is the remedy acting primitively on this same anti-spinal tissue, or papillary structure.

Again, an eruption, viewed by a lens, is seen to be located in inflamed sebaceous follicles, secreting tissues of organic life; and probably, sulphur cures. Later, however, the nerve-centres becoming metastatically involved, or the other excentric sphere, with which it is contiguous, being attacked, other remedies of the like new class may be required. The same may supplement the first remedy, when, under it, the cure remains incomplete.

The contiguity of the two excentric elements, just alluded to and heretofore stated, is a most interesting and significant fact for the reflection of the physician. Whilst some may contend that it affords a scientific reason for alternation of medicines of two separ-

ate classes, and whilst all will see the occasional need of supplementing the one with the other, it affords the strongest of reasons for the renunciation of a purely nosological or even histological choice of remedies, regardless of individual peculiarities of class and group, etc.; however useful these indices undoubtedly are in their proper place.

The presence of both excentric elements in any tissue, is to be understood as major and minor, by the anatomical prodominances of each, known to every physician, and varying in the organs of animal and vegetative life, respectively.

CLASSIFICATION OF MEDICINES.

Class I.

"Ganglionics," "Organic centrics," "Aconitum type," comprises the so-called "benumbing neurotics" of allopathy, viz:

Aconitum napellus.
Veratrum viride.

Class II.

"Spinants," "Animal centrics," "Nux vomica type," comprises the so-called "narcotics" and "bitters" of allopathy, viz:

Aethusa cynapium.
Agaricus.
Aletris.
Arnica.
Belladonna.
Berberis vulgaris.†
Canabis sativa.
Cedron.(?)
Chamomilla*
China.*
Cicuta virosa.
Cocculus.
Conium.
Cornus florida.*
Crotalus.
Digitalis.
Drosera.
Dulcamara.
Eupatorium perfoliatum.*
Helonias.
Hydrastis canadensis.†
Hydrocyanic acid.
Hyoscyamus.
Ignatia.
Kalmia.
Lachesis.
Laurocerasus.
Lobelia inflata.
Nux vomica.
Opium.
Quassia.
Rhus tox; and rad.
Secale.
Spigelia.
Stramonium.
Tabacum.

* Allied to class IV, by the presence of volatile oil or tannic acid, in large amount.
† Allied to class IV.

Class III.

"Anti-Ganglionics," "Organic Excentrics," "Pulsatilla type," comprises the drugs known as "Acrids," or "General Irritants," by many, and divided thus: Group A.—The halogen elements, the alkalies and alkaline earths, with their carbonates, and borax. Group B.—The common acrids, some of which, by chemical constitution, are allied with the other groups, in inferior degree, yet so as to give occasion for preference in individual instances. Group C.—The salines. Group D.—The acids, in general. These groups, in the order named, approach in properties, class IV. Such medicines as apis, bryonia, causticum, hellebore, etc., which simulate cerebral action, appear rather to influence the meningeal tissues, in fact; these being decidedly of the organic periphery, notwithstanding the consequences to the animal functions; therefore they properly belong to this class.

GROUP A.—ALKALIES, ALKALINE EARTHS, HALOGENS, ETC.

Ammonium carbonicum.
Ammonium causticum.
Baryta carbonica.
Borax.
Brominum.
Calcarea carbonica.
Calcarea caustica.
Carbo vegetabilis—(kali carb.)
Causticum.
Corallium.
Iodium.
Kali carbonicum.
Lithia carbonica.
Magnesia carbonica.
Natrum carbonicum.
Spongia.
Strontiana.

GROUP B.—COMMON ACRIDS.

Many are allied with other groug or classes; a, like group A; c, like group C; d, like group D; e, like class IV.

Aloes.
Antimonium crudum (*e*).
Apis mellifica (*c*).
Apocynum cannabinum.
Arum triphyllum (*e*).
Bryonia (*e*).
Caladium.
Calcarea phosphorica (*c*).
Cantharis.
Carbo animalis (*v*) Calc. phos.
Chelidonium.
Cinnabaris.
Clemaais.
Colchicum (*a*).
Creosotum.
Croton tiglium.
Daphne indica (*e*).
Dioscorea.
Dolichos.
Euphorbium.
Gambogia.
Guaiacum.

Helleborus niger. (*e*)
Hepar sulphuris calcarea. (*c*)
Ipecacuanha. (*a*)
Iris versicolor.
Jatropha curcas.
Leptandra virginica. (*e*)
Lycopodium. (*e*)
Mercurius sol *c* (viv *e* and corr *a*).
Mezereum (*e*).
Petroleum.
Phosphorus (*e*).
Phytolacca.
Podophyllum (*e*).
Pulsatilla.
Ranunculus—bulb. and scel., etc.
Rheum (*e*).
Rhododendron.
Sabadilla (*a*).
Sanguinaria (*e*).
Sarsaparilla.
Scilla.
Selenium (*e*).
Senega.
Senna.
Staphysagria (*a*).
Sulphur (*e*).
Taraxacum (*e*).
Tartarus emetitus.
Tellurium (*e*).
Urtica urens (*e*).
Veratrum album.
Viola tricolor.

GROUP C.—SALINES.

Ammonium bromatum.
Ammonium muriaticum.
Kali bichromicum.
Kali bromatum.
Kali hydriodicum.
Kali nitricum.
Magnesia muriatica.
Natrum muriaticum.
Natrum sulphuricum.
Sepia.

GRONP D.—ACIDS.

Acidum aceticum.
Acidum citricum.
Acidum fluoricum.
Acidum muriaticum.
Acidum nitricum.
Acidum phosphoricum.
Acidum tartaricum.
Arsenicum album.
Silicea.

Class IV.

"Anti-Spinants," "Animal Excentrics," "Zincum type," comprises the (1) alcoholic, (2) etherial, (3) fœtid, and (4) aromatic substances containing volatile oil ("stimulants" and "anti-spasmodics," of allopathy); (5) oleo-resins, (6) gum-resins, and (7) metals readily deoxydized, with their compounds ("anti-spasmodics" and "mineral tonics," of allopathy); (8) substances largely composed of tannic acid, and their mineral counterparts ("astringents," of allopathy), some having repute as "narcotics" (?) (9) includes oxalic acid, glonoine, etc., symptomatically.

Æsculus.
Agnus castus.
Alcohol.
Allium cepa.
Allium sativa.
Alumina.
Ambra.
Anacardium.
Argentum.
Argentum nitricum.
Asarum europæum.
Assafœtida.
Aurum.
Aurum muricatum.
Baptisia tinctoria (3d class ?).
Bismuthum.
Bovista.
Cactus grandiflorus.
Calendula.
Camphora.
Capsicum (like class 3).
Caulophyllum.
Chimaphila.
Cimicifuga.
Cina.
Cistus canadensis.
Coccus cacti.
Coffea cruda.
Collinsonia canadensis.
Copaiva.
Crocus.
Cubeba.
Cuprum.
Cuprum aceticum.
Erigeron canadense.
Ether.
Euphrasia.
Ferrum.
Ferrum muriaticum.
Gelseminum.
Glycoine.
Graphites.
Hamamelis.
Hypericum.
Kino.
Ledum.
Lupulus.
Lycopus virginicus.
Manganum.
Mephitis.
Moschus.
Myrica cerifera.
Nux moschata.
Oxalic acid.
Paris quadrifolia.
Platina.
Plumbum.
Plumbum aceticum.
Pothos fœtidus.
Prunus spinosa (class 2 ?).
Ratanhia.
Rumex crispus.
Ruta.
Sabina.
Sambucus.
Senecio aurea.
Stannum.
Symphitum.
Tanacetum.
Terebinthinæ oleum.
Teucrium marum verum.
Thuja.
Trillium.
Valeriana.
Xanthoxylum fraxineum.
Zincum.
Zingiber.

This paper would be quite deficient, in the absence of any clinical record confirming and illustrating its positions. The following

cases are therefore added. I need make no apology as to the potencies used; since I have no predilections to defend, although, from successful habit, I ordinarily employ Lehrmann's 200ths, or grafts from the same. Another, accustomed to succeed with other preparations, might manage such better than these; and whatever a physician be thus accustomed to, it is certain he will commonly do the best with that of which he knows the most, whether the potency be high or low. All admit, however, that to succeed with the high, the remedy must be accurately chosen, whilst with the low, inaccuracy is, although a great disadvantage, a less palpable evil than in the former case. Hence, any method of selection which secures success in the use of the high, particularly in acute cases, must command the interest of all.

As will be observed, the cases are adduced in the order of the classes.

CLASS I.

Case 1.—A healthy, fair babe, exposed to dry, cold air, took cold, with violent sneezing, accompanying cough, aggravated after nine o'clock, forenoon.

Aconitum, $^{c.c.}$, three doses, at intervals of three hours, followed by sac. lac.; cured at once.

Case 2.—An old lady, had typhoid fever some weeks ago; cured by homœopathic remedies; now suffering from diabetes insipidus. Rather urgent in her desire to be waited on, in good season. Has to rise to pass water, often, at night, especially between twelve and three o'clock.

Aconitum, ^{m}, Jenichen, one dose; well, in a few days after. Two weeks later, symptoms of incipient cataract were reported. This will be noted under Class II.

Case 3.—A "sanguine" woman, suffering for a week from gastric irritation, yet indulged in crude food. At midnight, taken with horrid pains in the stomach, for which she got stimulants, which aggravated the mischief. Found her greatly agitated, hot skin; tense, frequent pulse; things all look dark to her; severe tenderness of epigastrium.

Aconitum, $^{2m.}$, Jenichen, in water, at intervals of twenty minutes to two hours; four doses relieved. Twenty-four hours after, found the case in class II, that is to say, with inability to sleep well towards morning. Self-poised manner. Constipation and flatulence, with some tenderness of epigastrium. Nux vom. $^{c.c.}$, one dose. Cured.

Class II.

Case 4.—An old gentleman, who but rarely can sleep after 3 A. M., got dysenteric diarrhœa, the periodicity being in the morning, the manner self-poised; complexion rather swarthy. Nux vom., three doses, at intervals of three hours. A few days later, reported prompt relief of the straining; but now, copious thin stools, preceded by colic; worse early in the morning. China, $^{c.c.}$, dry; three doses. Cured at once.

In the army, the same experience was many times repeated, often in cases of lientery, but with low potencies, usually.

Case 5.—Same as case two. Dimness of vision, with an incipient cataract, easily seen in the left eye. Bad sleep towards morning. Self-poised manner. Conium, $^{c.c.}$, one dose. Cured in about ten days.

Case 6.—A young soldier, wounded and suffering from copious thin stools. Complexion, milky white; manner, self-poised, earnest; morning aggravation. Got china ^{6}, repeated doses, no relief. Cured at once by dulcamara ^{6}.

Case 7.—A lad in Illinois ran a splinter beneath his finger-nail. Next day, got the ague, at 6 A. M. Self-poised, steady manner. Paroxysms averted by arnica ^{30}, one dose at bed-time.

Case 8.—A pregnant lady, usually of happy and lively temper, got severe cramps in the back part of the thighs, when lying on her back; worse, by far, after 3 o'clock in the morning. For the first time seemed to regret her pregnancy; felt surly about it, almost weeping from impatience. Cured in a few hours by ignatia, $^{c.c.}$, three doses.

Case 9.—A fine child of ten months, a girl, brunette, teething. Became very violent in manner; screaming angrily, jealous if her little brother received any notice, trying to take off her night-gown, and kicking away the bed covers at night. Bad sleep towards morning. Resolute, steady manner, in general. Cured promptly by hyoscyamus, $^{c.c.}$, three doses.

Class III. Group A.

Case 10.—A lady, of very white and tender skin, had neuralgia of the right side of the face; worse, evening; bad sleep before midnight. Feet damp and cold. Passive manner. Cured by calcarea $^{c.c.}$, three doses.

Case 11.—A young lad, of very fine skin, blonde; had all his life, nocturnal enuresis. Worst before midnight. After slight

effect of other remedies, cured by a few doses of causticum ^{30}, taken at intervals of forty-eight hours.

Case 12.—Group B.—An elderly lady, of medium complexion, got dysentery—mucous stools, blood-streaked; worse, evening; bad sleep in the first part of the night—easy manner. Cured by mercurius sol. $^{c.c.}$, three doses.

Case 13 —A very young child, of delicate skin, had, on waking from sleep towards evening, fever, vomiting; then, convulsions with general stiffness and blueness; then, falling asleep. Relieved after ipecacuanha $^{c.c.}$, (a) one dose.

Case 14.—An elderly lady, of tough skin, had diarrhœa, watery and painful, veratrum did no good; got worse towards night; severe cutting pain before each stool, only. Afraid to cause trouble; quiet manner. Rheum $^{m.}$, (e.) three doses. Cured.

Case 15.—A new-born babe, after its mother had taken medicine got paroxysms of crying, lasting all day; quiet all night. On examination a red streak was found on the diaper, where the urine flowed. Swarthy complexion; passive but sensitive manner. Relieved after lycopodium $^{c.c.}$, (e.) Lycopodium is usually marked by evening aggravations.

Case 16.—Group C.—A lady, of medium complexion, pregnant, complained of a bad taste, as if she had taken Epsom salts. Periodicity not decided; manner despondent. Relieved by repeated doses of natrum sulph. $^{m.}$

Case 17.—A lady of medium complexion had symptoms of prolapsus uteri, with goneness in the pit of the stomach, weak feeling and dragging in the back and hips; depressed manner. Relieved by repeated doses of sepia $^{c.c.}$ *

Case 18.—Group D.—A middle-aged lady, brunette, was seized, at 10 P. M., with agonizing pain in the right iliac region, (typhlitis;) got worse speedily; twisted and rolled and constantly changed her position; could not bear a breath of cool air; better by hot applications; not thirsty. Cured by six doses of arsenicum $^{c.c.}$

Case 19.—A gentleman of swarthy complexion had yellow fever; treated allopathically. Afterwards complained, impatiently, but in a jocose manner, that his "spleen filled half his abdomen." He was himself a physician. Relieved after one dose of nitro-muriatic acid, strength of U. S. Pharmacopœia; ten drops, in water, two ounces.

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* Sepia, a marine animal, of course represents the saline constitution of sea-water.

Class IV.

Case 20.—A swarthy lad, got cold feet and hands, and general chilliness towards night, followed by heat all night, with sleep; throat sore and full; sensitive manner. Cured by three doses of gelsemum ^{m}.

Case 21.—A babe, brunette, recovered from whooping cough; took cold; coughed and retched; worse afternoon; sleepless towards morning ("composite periodicity"); excitable manner. Cured by three doses of cuprum $^{c.c.}$.

Case 22.—A rosy, excitable lady got measles, which did not come out well, until after pulsatilla. Then, had fever every day, after 12 o'clock, noon, with much excitement, until night. After aconite, became wild and restless, vomiting and purging; early in the morning, watery, smelling and tasting of fæcas. Relieved immediately by one dose of coffea $^{c.c.}$. The excitable morale, the composite periodicity, and the natural high color, are proper to class IV. But some "nervous" cases have only a sickly color; and the same occurs in organic disease.

Case 23.—A pregnant lady, of sensitive temperament, got colicky diarrhœa; cutting pain only with the stools, doubling her up; sickly appearance; worse evening and morning. Relieved by repeated doses of colocynth ^{6}.

Case 24.—A little girl, whose sensitive cutaneous surface had been exposed to the heat of the weather, and to cold, also got diarrhœa, large, thin, painful stools; sitting on the vessel, screaming. At other times drowsy, sleeping much. Skin cool. When awake, sensitive and peevish. "Composite periodicity." Cured by nux moschata $^{c.c.}$, in repeated doses.

The foregoing are illustrative cases, nearly all from recent practice, of the use of this classification. A few may now be added, showing the proper procedure in cases of conflicting indications.

Case 25.—The same child last mentioned, afterwards got a paroxysm at night, early; waking and calling "mamma!" "mamma!" hardly to be pacified, and on recognizing the mother embracing her, pushing her away again, going to sleep and again waking and crying for help, in the same way. Loose stool in the afternoon. Repulsive mood, dogged, in the daytime. Cured by stramonium $^{c.c.}$, three doses; but developing sore throat, with a herpes-like eruption on the fauces, and inability to swallow water, or soup containing pepper. Stramonium of class II, cured, despite evening periodicity, the morale being suitable; but drug-

symptoms intervened. The more perfect the class correspondence, the greater immunity I find, from drug-symptoms and aggravations prior to cure; the more opposed, the more of these I see.

Case 26.—Colic, in a young man, occurring at 2 A.M., and growing worse. The least motion increases it. Relieved by lying on the abdomen. Gave several doses of bryonia c.c., of class III, regarding these characteristic symptoms as superior to the class indications of periodicity. Cured promptly.

EXPLANATIONS OF THE DIAGRAMS.

Plate I, represents the stages of irritation, partly as observed under the microscope, and still more as diagnostically inferred from the symptomatic development, progress and termination of diseases; not only the idiopathic, but especially the artificial, as observed in the provings of drugs. The upper portion concerns large doses; the lower, the high potencies.

Engorgement of the dilated capillaries, following contraction, being the most patent characteristic of irritation, as this is of diseases, in general at least, the appearances of the blood-vessels are adopted as the type of the whole mobid process. Mutations of calibre and color are therefore figured in the plate, and lettered from A to D; repeated as often as necessary, in the several series.

Each grade of doses is represented as affecting three main regions, viz:

1. Region of Initial Irritation.
2. Region of Direct Nervous Connection.
3. Region of Reflex Nervous Connection.

The first, as receiving the first impression of the drug or other irritant.

The second, as lying at the other end or pole of the same nerves with the first.

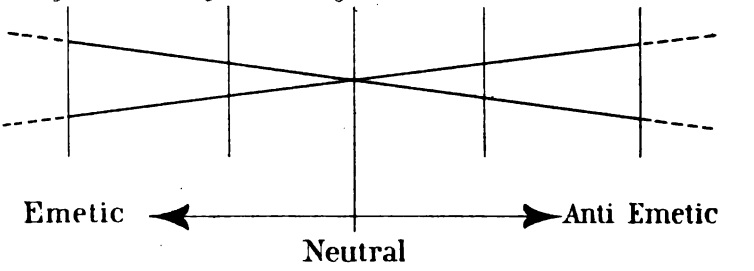
The third, as being indirectly associated with the first, through a nerve-centre common to both.

Extensive vascular fullness in either region, we call "fever."

For each region are figured six stages of alteration of calibre, etc., under irritation, beginning and ending with the normal condition. The first four, placed above the heavy dividing line, and designated "Primary," according to Hahnemann, signify the advance of irritation in its main phenomena. The last two stages are placed below, and are designated "Secondary," according to Hahnemann's doctrine of drug-effects, signifying the subsidence of

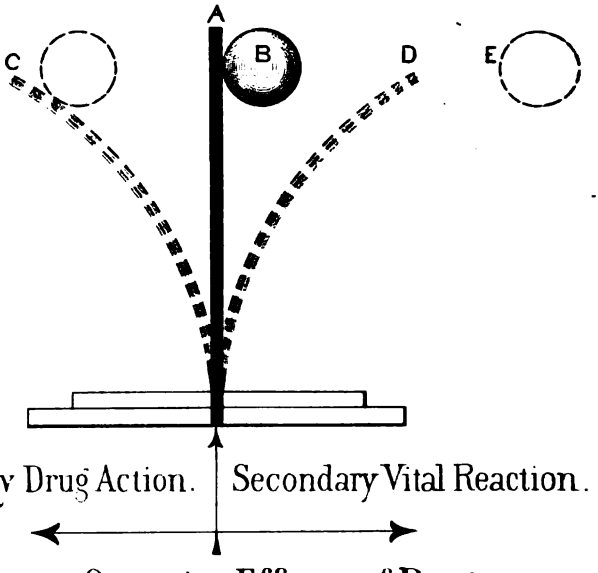
Plate 2

Fig 1.



The Three Grades of Doses ; Example – Ipecac .

Fig. 2



Double and Opposite Effects of Drugs , etc ;
or
Action and Reaction .

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morbid processes, so far as they have not become chronic; being the effect of vital resistance of the total organism, the so-called "reaction."

The mutation of calibre, etc., resulting from large doses, are taken as typical; and of these, the region of initial irritation presents the most regular succession of stages. These are lettered, from the normal state, A, to anæmia, B; hyperæmia, C; and inflammation, D, successively; and in the secondary division subsiding to C, and again to A. The same letters represent the same conditions throughout all the series. Should the attention of others be so directed to the subject as to either confirm or correct the diagram with respect to the less known series, its object will be equally attained. The first presents essentially the phenomena which have long been accepted, and may be at any time witnessed in the experiment with the web of a frog's foot. The remainder are the result of diagnostic inference, on the basis of the preceding.

All careful provers, having both the opportunity and the capacity for observation, will, it is believed, recognize the importance of assimilating the irritation, mainly functional, and therefore characteristic and subtle, which results from experiments with the higher potencies, with the cruder changes proceeding from large doses. No other reason need be named for the presentation of the latter half of the diagram.

Accompanying the vascular changes, as is well known, other phenomena are found in irritation. What the natural order of events may be, is a fair subject of question, but need not be here argued. The events themselves, however, are essential, in varying proportion, to the irritative process which forms so large a part of the many conditions which we call disease. A resumé of these events is consequently here needed, a single feature being presented in the diagram.

The first series of low potency irritation furnishing the type, the stages may be stated thus:

PRIMARY.

1. Health. A.

Normal vascular calibre, engorgement, exudation, tissue-proliferation and fuctional power; general comfort; equable vigor.

2. ANÆMIA. B.

Diminished vascular calibre, engorgement, exudation, tissue-proliferation and functional power; chill; shock; venous stasis.

3. HYPERÆMIA. C.

Increased vascular calibre, engorgement, exudation, tissue-proliferation and functional power; fever; arterial fulness; cardiac excitement.

4. INFLAMMATION. D.

Excessive vascular calibre, engorgement, exudation, tissue-degeneration and loss of functional power; general depression; exhaustion.

SECONDARY.

5. HYPERÆMIA. C.

6. HEALTH. A.

Lastly, the precise *localization of any irritation* is very much determined by the temperamental susceptibilities of each individual for himself, within the range of nervous connection.

Plate II, Figure 1, represents the double and opposite effects of each drug or other irritant, ipecacuanha being the example: Large and small doses are alike in being capable, with varying constitutional susceptibilities, of developing both kinds of effect; one* of which is the specific drug action, "primary;" the other being the complementary vital reaction, "secondary;" in the case of ipecacuanha, emetic and anti-emetic, to speak crudely. But the doses differ vastly in the degree to which each effect is produced by each. The primary drug action is the cardinal effect of large doses; the secondary vital reaction, that of the high potencies. Thus, the large doses are mainly emetic; the infinitesimal, anti-emetic. At an indefinite point between these, each individual finds a dose which for the time is absolutely inert, being neither emetic nor anti-emetic. This inert or neutral dose is in the diagram stated at one grain. The crossing of two diverging lines at this point produces an increasing space, illustrating

* All effects are, as before remarked, compounded of the drug-impression and the vital response; but the latter become more marked, late in the process. The emetic action of ipecacuanha is thus a compound of both; but the expulsion of the drug from the stomach is not so much a mark of conservative systemic reaction, as of irritant dynamism in the drug. The true vital effort opposes the emetic irritations—increasing various secretions, and so expelling such portions of the drug as may have been *absorbed;* in the secondary period.

increasing effect, in each direction; the left, marked successively "15 grains," and "30 grains" signifying increasing emetic, and the right, marked "15th attenuation" and "30th attenuation," increasing anti-emetic action.

Figure 2 represents, by an elastic spring, firmly erected the vital forces and functions, in their totality—the so-called vital principles, which yields to an irritant impression in the direction of inflammation, a ball striking it from the right, giving it a sinister impulse. Secondarily, by its elasticity, it returns, representing vital reaction, with sundry vibrations, illustrating periodicity, to its normal state; and expelling the abnormal agent. The morbid condition and action of the forces, both here and in life, consists in a disturbed equipoise; the reaction, with whatever fluctuation, effects the restoration of the same.

This plate therefore applies solely to dynamic, as does the first to material, derangements; both coinciding.

Plate III.—Temperaments and drug effects present alike anatomical relations.

The temperaments are defined to consist of predominant erethism of a nervous origin, dependent on unequally active nutrition, (in most persons), of some one of the cardinal nervous spheres or elements. These spheres, four in number, are here figured; the fourth, twice. They are classed accordingly; but variations occur in disease and from culture.

The medicines, having general anatomical affinities, (in entire harmony with their distinct individualities), are classed accordingly as they, by virtue of those affinities, possess the power of creating artificially, a similar predominant erethism, and unequally active nutrition, in either of these four anatomical spheres, as here figured.

This is, in each case, the general sphere of their initial action, as shown by provings, etc.; the effect being propagated thence to all other parts by "sympathy," *i. e.*, by nervous association.

The four classes (of both temperaments and drugs) are named from the corresponding four cardinal nervous spheres, or elements, as here represented. The class-spheres of medicines being recognized by provings, by use in disease, and by chemical alliances as already stated.

The nervous system is regarded as consisting of two grand divisions, organic and animal; respectiively concerned mainly with the tissues, organs and functions of "organic" or vegetative," and those of "animal life," the former being the "great sympa-

thetic," the latter, the "cerebro-spinal. Each of these has a centric element, and also a peripheral or excentric portion.

The *organic nerve-centre* is admitted to be formed of the *ganglia* of the so-called *great sympathetic nerve.* The fibres going thence, locate themselves, mainly, in the tissues of organic life, the viscera, arteries, and valveless visceral veins, and serous membranes partially, etc. This latter sphere is the *organic nervous periphery.*

The *animal nerve-centre* is the *spinal cord,* with its gangliar prolongations at the base of the brain; consisting essentially of the ultimate roots of all the cranial and spinal nerves, inclusive of the roots of those which radiate thence to the cortical portions of the cerebrum and cerebellum. All the *remainder* of the cerebro-spinal system is *excentric,* constituting the *animal nervous periphery.* Included in this, the animal excentric element, are the tissues of animal life, *i. e.*, the cortical portion of the cerebrum and cerebellum; the cranial and spinal nerves, to their termini, exclusive of their roots; the intervertebral ganglia, with the organs of sense and voluntary motion, etc., and the general venous system.

These are the "four cardinal nervous spheres or elements."

The centric elements are for convenience first numbered; afterwards, the excentric, the organic in precedence; the corresponding classes of temperaments and of drugs receiving the same numbers as well as names.

The circles of the diagram are divided to represent a dial, with each three-hourly period of the day noted thereon. The anatomical figures, which are intended to show at a glance, the grand divisions and cardinal elements of the nervous system, are made to occupy those spaces in the dial which set forth, of their general characteristics, one which is of the first rank, viz: their usual range of periodicity; class 1st, 12 to 3 o'clock, A. M., and 9 to 12 A. M.; class 2d, 3 to 9 A. M.; class 3d, 12 M. to 12 P. M.; class 4th, composite, and typically, evening and morning.

The appropriate numbers and names are appended, including, under each heading, the name of a typical drug of such familiar character as to suggest its affinities, in a very general way, however.

The list of the medicines, under these class headings, subdivided to some extent, as explained in the text and in the list itself, is added in the proper place.

ARTICLE XIII.

Pathological Relations of the Deep Fascia. By John C. Morgan, M. D., of Philadelphia, Professor of Surgery in the Hahnemann Medical College.

On dissection we find the various components of the body ensheathed in an almost ubiquitous framework of "connective tissue," which name is expressive of the association of these components, by its intervention.

The superficial laminæ appear to concern the skin, mainly; the deeper undergo a variety of modifications, of density, of strength, of form, and of connection; fitting them to constitute sheaths for muscles, vessels, nerves, and for whole members; for bones, in the character of periosteum; for joints, by continuity with the periosteum, in the capsular and other ligaments; those of the muscles uniting with these, or with each other, as tendons and aponeuroses; constituting capsules and ligaments for viscera; and, similarly with the transformation of the superficial fascia into skin, so the deep fascia merges into mucous and serous memoranes. In all these positions, they afford a bed and protection to vessels, nerves and other highly organized structures; and are paved on all free surfaces, by epithelium.

These fasciæ, besides the yellow elastic tissue which they contain, and the elastic, (or at times compact) arrangement of their fibres, in most situations, derive some part of their tonicity from the muscular system, organic and animal, for which they afford a framework.

The viscera, also, deriving from the deep fascia and its serous modification their capsules and ligaments of support, are thus brought into direct relation with the muscular system, and partake of its condition; whilst the will, as well as the reflex action, maintaining a proportionate influence in muscularity, (themselves influenced by the emotion,) the deep fascia, the visceral supports, etc., are sure to feel their influence.

The superficial fascia contains, in various positions, muscular fibres of organic life, as in the dartos of the scrotum, and about the hair-bulbs, etc.; besides which, the platysma myoides properly belongs to it, maintaining its tone with its own. The superfical muscles of the face, and elsewhere, have a like influence, and there can be but little doubt that in cases of so-called "rapid emaciation," much more is to be laid to muscular relaxation, or flabbiness, with, perhaps, loss of fluid, than to any actual loss of fat or other solid tissue.

The subserous fasciæ of some lower animals have been found to contain organic muscular fibres; and in the human female the same tissue is prolonged from the uterus into its ligamentous attachments, along with the Fallopian tubes. In the intestines, as found in a hernia, or a prolapsed rectum, and in the vagina, in cases of uterine displacements, the same tissues are involved, besides the cremaster, the levatores, and other co-operating striped muscles.

The vagina, like the rectum, possesses, besides longitudinal fibres, an upper as well as a lower sphincter, which aids in sustaining the inverted cone, viz., the uterus. The pelvic viscera and the liver also bear a relation to each other through the umbilical ligaments. "Pouting of the naval" may be attributed to diminished tension of these, during pregnancy. Other viscera are also subject to displacement and prolapse, as post-mortem examinations often reveal, although infrequently recognized during life by their characteristic symptoms.

The stomach, the spleen, the kidney, even the contents of the thorax, are decidedly subject to it. Analogy suggests that, as with the uterus and rectum, the same organic muscularity may be involved. But in addition, we can demonstrate a curious and interesting, as well as most important, series of connections of the muscular system of animal life, with the supports of these and all the viscera. (See diagram.) And the deep fascia, in its varied and modified forms, is the medium of these connections. Similar support is afforded to other portions of the deep fascia, in the limbs and elsewhere, aiding in maintenance of the normal status of such parts as the thigh and the palm of the hand.

Passing from above downwards, we find the dura mater continuous with the sheaths of the vessels and nerves; with the cervical, tracheal and œsophageal fasciæ; the brachial and pectoral fasciæ; with the pericardium, through the cervical fascia, and with all their connections. These connections being with all the fascia of the trunk and limbs, and with the general muscular mass, all are thereby involved.

Internally, the pericardium (itself a mere sac of condensed deep fascia, continuous with the sheaths of the blood-vessels, and with the cervical, pectoral, brachial and other fasciæ), is a medium of attachment to the cordiform tendon of the diaphragm.

Now to the diaphragm and loins the abdominal viscera have their principal attachment, and below these the continuity of the pelvic fasciæ associates with these the pelvic viscera; whilst the

transversalis and lumbar fasciæ associate with these, the exterior of the trunk and limbs. The pelvic organs derive additional support from the psoas parvus muscle, which acts as a tensor of the pelvic fascia in subjects where it happens to be present.

Thus, in addition to the wide-spread sympathies of these organs, severally considered, there is to be observed the mechanical association thus effected between all of them, and with the trunk and limbs; whence we obtain a satisfactory explanation of many morbid symptoms, characteristic of visceral prolapse. These symptoms are both physical and rational, the former revealed by inspection, palpation, etc.; the latter consisting of sinking, gone feelings, dragging pains and numbness, neuralgic tearing and shooting, or pressing, catching and jerking pains, especially in certain postures and certain kinds of bodily exertion (aside from the direct influence of mere pressure on veins and nerves, by the weight of the displaced organs, of which numbness, cramps and varix are the main results, and besides the pressure of one organ on another, as of the bowels on the uterus), stretching and compression of nerve-trunks imbedded in the fascia, are the efficient cause of many of the symptoms enumerated; others proceed from direct strain of the visceral ligaments.

In such cases, the heart and lungs often suffer; and the brain likewise. Pain, palpitation, even malposition of the point of impulse, with stooping attitude, headache, drowsiness, and cough, or even symptoms resembling angina pectoris, epilepsy, and many other complaints, may give rise to the gravest apprehensions.

In tracing the history of such patients, we shall find that there has occurred one or more of the following circumstances, viz: Atony, either of muscle only, or of connective tissue also, or alone, and these, either general or partial; or engorgement and increased weight of viscera; bad postures in sitting, lying, walking or standing; mechanical violence, as from falling, lifting, straining, or other exhausting effort; collapse or atrophy of other organs adjacent, or conversely, enlargement of the same; or, again, adhesion.

Any and all the viscera being subject to displacement, they are prone, in consequence of their anatomical connections, to participate with one another, both mechanically and sympathetically, in the production of many distresses, even rendering life miserable at times. And of all the causes of such troubles, atony of muscular fibre, organic or animal, should probably take the highest rank, in our consideration.

By reference to the diagram, the chain of common support of the viscera may be traced mainly on the left side. Anatomical proportion has been disregarded somewhat, the sole object being a diagrammatic illustration of this single point, and this, limited to the striped muscles.

Here we notice first the digastric muscle, affording, partially through the hyoid bone, and partly independent of it, a muscular support to the deep fascia in the upper part of the neck; assisted by all those inserted into that bone. Below, the omo-hyoid, reaching the same bone to the coracoid notch of the scapula, supports the fasciæ of the neck, chest, upper extremity and inner thorax, with the pericardium; assisted by all the oblique muscles, especially.

The cordiform tendon of the diaphragm, in which the pericardium terminates, thus becomes a medium of support for the abdominal viscera attached below, being acted upon by these muscles of the neck, which thus supplement the support given by the muscular parietes of the abdomen, directly and indirectly.

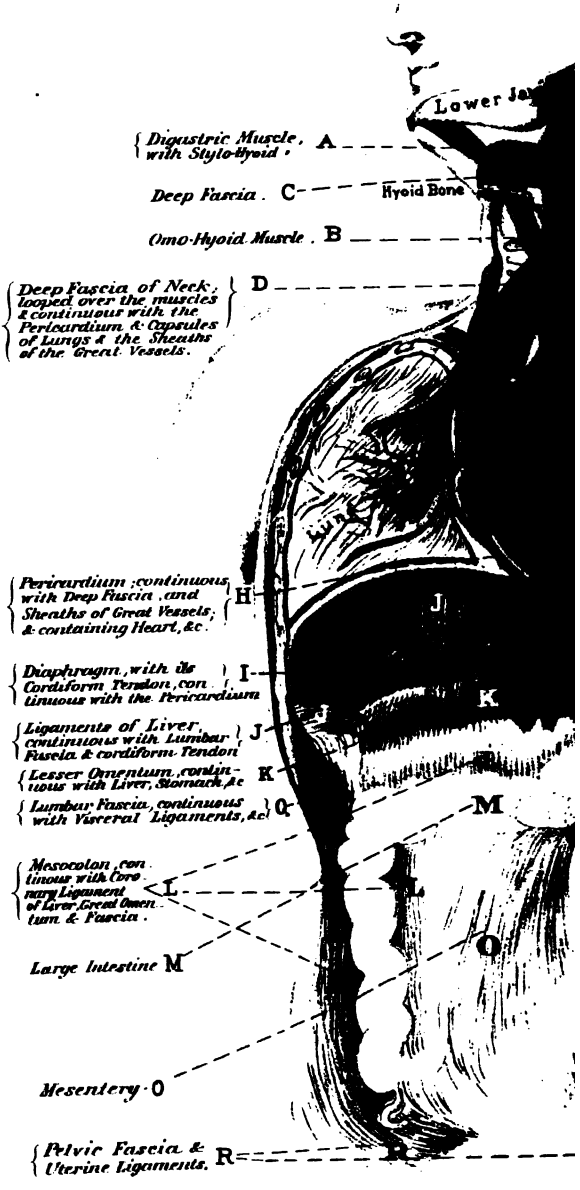
The tendency of the same to elevate the diaphragm, also suggests that its ascent in expiration is not wholly the result of relaxation and atmospheric pressure, assisted even by contraction of the other abdominal muscles.

The relation of the phrenic, cardiac, and other nerves, as well as vessels, to the pericardium, may well account for the pectoral and brachial symptoms often seen in cases of angina pectoris, in which post-mortem examination of the heart only, fails to reveal the pathology of the malady; but in which displacement of the abdominal viscera may have co-existed with the alarming symptoms.

Public speakers, especially clerymen who read sermons from a high desk, are prone to sore throat, which, whether associated with dyspepsia or not, will be found in constant connection with muscular atony. The styloid and other muscles of speech suffer in particular, in consequence of the habitual malposition of the hyoid bone, pharynx, larynx, and tongue, in reading with the chin upon the sternum, or nearly so; all the tissues participating in the atonic and irritable condition of these.

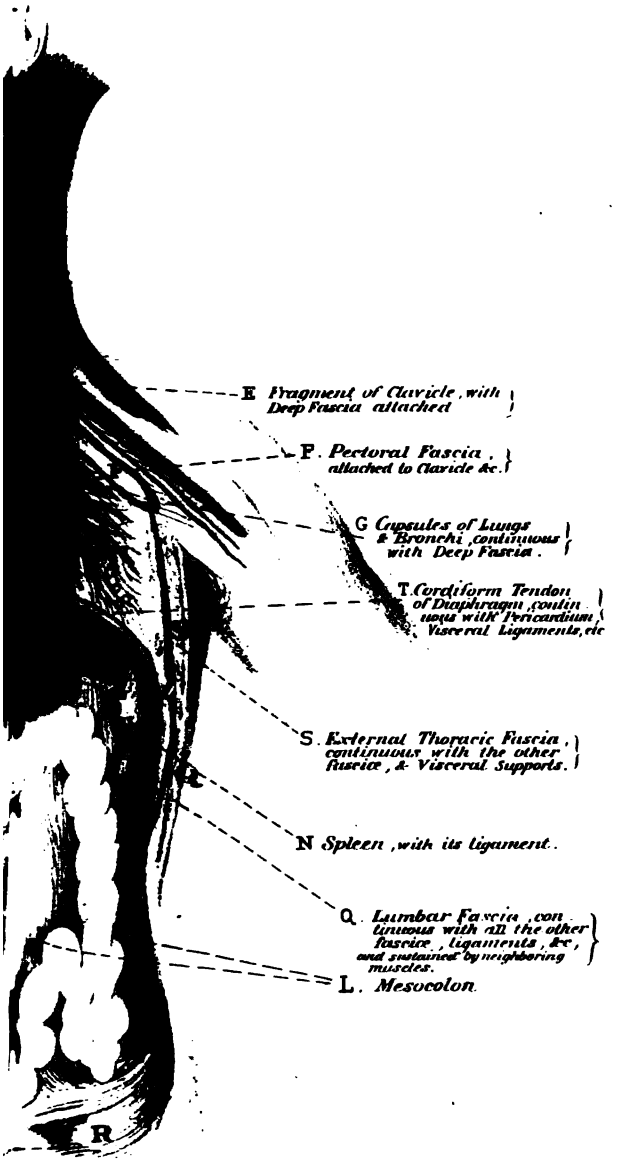
Medical lecturers, who speak from below their audiences, rarely suffer from this affection.

Suggestions for treatment must, of course, refer to the restoration of fibrous and muscular tone, in all such cases. Homœopathic specifies; electricity; oxygen; the movement cure; Turkish bath; shampooing; travel, especially by sea; recreation; avoidance of



Support of Viscera by I
Intervention of the Deep F
Diaphragm, Visceral
Stomach & Liver removed, at

Lith C. Van Benthuys



uscles, through the
ascia, Pericardium,
ligaments, etc.
achments remaining.

Albany N.Y

fatigue and excitements of a depressing or exhausting kind; pleasant and buoyant social conditions; regularity and temperance, yet liberality in regimen; with such mechanical apparatus of support as may be temporarily requisite to the performance of reasonable exertion and the correction of faulty habits—these are the things to be considered.

The function of the deep fascia, in limiting and directing the flow of pus beneath it, is well known. It is sufficient to say, further, that the intricate arrangement of its various folds and processes, is in itself a most interesting, and surgically a most practical, subject for special dissection and study.

The part played by the cell elements of connective tissue is one of the first importance in all physiological and pathological processes; and these must receive a full estimate in the pathological study of the fasciæ; particularly as to their intrinsic softening and relaxation by chronic inflammation, independently of muscular derangements, or mechanical causes.

In addition to the general arrangement of fasciæ, aponeurotic and others, already alluded to, with their muscular connections, one series, owing to its bearing on daily practice, demands special mention here, viz: those by which the position of the pelvis and its contents is secured. This position is, as to the pelvis, *nearly vertical*, normally; the viscera within and above it being supported, not by its so-called "floor," but rather by its anterior walls, as a rest, aided by the anterior parietes of the abdomen; or suspended from its posterior and lateral walls; so that concussion throws them, not downwards, but forwards.

This position of the pelvis, so essential to avoidance of prolapse of its contents, with the bowels, toward the floor of its cavity is maintained by the iliac, psoæ, quadrati, recti femorum, and abdominal muscles, and especially the erector spinæ, aided and bound down by the latissimi and other posterior muscles, with the vertebral and other aponeuroses. Atony of these is a fruitful source of prolapse, by falsifying the pelvic position.

It may be well to state that for the maintainance of normal postures of the body, the description of the position of a soldier given in "Casey's Infantry Tactics" is a good guide. Or the following may answer: The weight of the body rests on the balls of the feet; the front of the chest directly over the toes; the chin over the sternum, in the same line; the base of the jaw horizontal; the eyes naturally glancing fifteen paces in front.

ARTICLE XIV.

Spontaneous cure of Aneurism. Report of Cases. By A. R. THOMAS, M. D., Professor of Anatomy in the Hahnemann Medical College, Philadelphia.

That a spontaneous cure sometimes takes place in aneurism is well known, though the occurrence is by no means frequent.

The observance of such cases undoubtedly served to suggest to the early surgeons the treatment of aneurism by compression and ligation, as in the majority of cases of spontaneous cure, that end is effected by the formation of a fibrinous clot, which, filling the aneurismal sac, prevents the circulation of the blood through the same, a result aimed at by the surgeon in his operative interference.

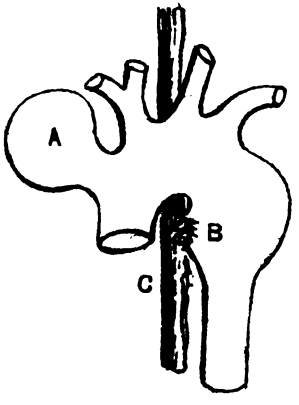
A spontaneous cure of aneurism has been found to take place in four different ways. In by far the greater number of cases, the cure is effected in the manner already referred to. The blood deposits upon the inner surface of the sac, a layer of fibrinous matter, to which others are from time to time added, until the sac becomes finally filled with successive strata of this substance, preventing the circulation of the blood through the aneurismal sac, and obliging it to pass by collateral channels; while by the process of absorption, the tumor ultimately becomes more or less reduced in size.

A second method of cure is where inflammation and gangrene are set up in the tumor; a dense coagulum forming in the sac, and shutting off the circulation of the blood through the same. The ensuing sloughing and bursting of the integument and aneurismal sac, not being followed by fatal hemorrhage, a cure results, provided the patient has vitality sufficient to enable him to resist the prostrating influence attending such a degree of inflammation and gangrene.

A third method in which spontaneous cure may take place, is when the tumor is so situated as to press upon the artery above the point of disease so as to cause adhesion of its walls, and thus preventing the circulation through the sack, as in the application of a ligature.

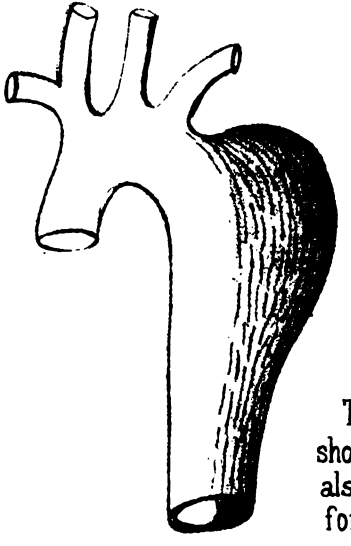
A fourth mode of cure has been seen, when an aneurismal sac of the femoral artery burst beneath the fascia lata, just below Poupart's ligament, the pressure from the large clot there formed, obliterating the femoral artery, and thus effecting a cure.

Fig. 1.



A., Obliterated aneurism of ascending portion of arch of the aorta.
B., Aneurism of descending portion of arch of the aorta, bursting into
C., The œsophagus.

Fig. 2.



Shaded portion of the aorta showing an aneurism filled with a laminated fibrinous mass.

Fig. 3.

Transverse section of descending aorta, showing the laminated character of the clot; also the grooved border forming a channel for the blood.

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The following cases illustrate the first method of cure:

Case I.

Mr. H—— of this city, aged 60 years, after a hearty dinner, while walking in his yard, was taken with a sudden sensation of faintness and nausea, which was soon followed by vomiting the contents of his stomach, with a considerable quantity of blood. After entering the house the vomiting was frequently repeated, at each effort, large quantities of pure blood being ejected. Sinking rapidly, in an hour he was dead.

The family readily assenting, twenty-four hours after, I made a post mortem examination. Found the surface of the body pale. Upon exposing the chest, found at the right border of the sternum, just below the clavicle, a hard, inelastic tumor beneath the skin, of the size of a small orange. While not adherent to the integument, it appeared firmly attached to the walls of the chest beneath. Upon turning aside the integument and pectoral muscle, the tumor was found connected by a broad pedicle, to parts within the chest; absorption of considerable portions of the sternal ends of the second and third ribs, with the side of the sternum, having resulted from pressure of the tumor upon those parts.

The removal of the sternum at once demonstrated the aneurismal character of the tumor, by showing its connection with the ascending portion of the arch of the aorta; while a section of the same exhibited the interior filled with dense concentric layers of fibrinous matter, separable from one another, the outer layers being dry and hard, while the inner portion was less firm and more moist. See figure 1.

A further examination of the aorta, brought to light a second aneurism of the descending portion of the arch, which having burst into the œsophagus, explained at once the cause of the hemorrhage and sudden death.

Upon inquiring of the family, found that the tumor upon the chest had been known to exist for fifteen or twenty years; that for some time the pulsations of the tumor were strong, but that all beating had for many years ceased; that he had never discontinued his work, that of a carpenter, and in fact, it had given him so little trouble, he had never consulted a physician in regard to it.

For a year or so previous to death, he had been troubled with a cough, particularly upon exercising, but otherwise had been in good health.

A remarkable and interesting feature of this case, was the little inconvenience experienced by the patient, from so grave a malady, and one usually attended with great suffering.

CASE II.

Mrs. B——, aged 74 years, had been for many years in feeble health. Had been much troubled with dyspepsia, and many years ago, suffered from a distress in the chest, with suffocating sensations, which finally disappeared. Had for a few years before death, symptoms of spinal disease, with sciatica and contraction and loss of use of right leg; finally dying at the above age (after having been confined many months to her bed), apparently from exhaustion and old age.

Upon opening the body after death, found but slight evidence of disease in the heart, lungs or digestive organs, and was about concluding the examination, when, in passing the hand behind the left lung, felt a large tumor, which, upon removal of the contents of the chest, proved to be a large aneurism of the thoracic portion of the aorta.

Commencing in the descending portion of the arch, quite the whole of the thoracic portion of the vessel was involved in the disease. Largest in its upper portion, it gradually diminished in size towards the diaphragm. Developed wholly upon the left side of the aorta, the tumor extended far into the left pleural cavity, while the right side of the vessel, unaffected by the disease, occupied its normal position.

Upon laying open the vessel, the sac of the aneurism was found to be filled with an exceedingly dense fibrinous mass, adhering closely to its walls, and presenting a polished and groved or concave surface towards the sound side of the artery, leaving thus a channel for the passage of the blood, very nearly of the normal size of that portion of the aorta. See figures 2 and 3.

That an aneurismal tumor should become filled with fibrinous deposits, when situated as in case first, would not seem extraordinary; the obstructed circulation through the sac, under such circumstances, greatly facilitating such a result. But, that in an aneurismal dilatation so freely communicating with such a current of blood as flows through the aorta, as seen in case second, the filling up of the sac by such a process would seem most remarkable, the force of the current being sufficient, apparently, to wash away any clot as soon as formed.

In this case, indeed, there is good reason to believe, that an embolic mass may have been carried down the aorta, lodging in some of the branches below the bifurcation, and giving rise to the neuralgic pains and loss of use of the left leg. The anomalous character of the symptoms in this case had baffled the diagnostic skill of many physicians.

The existence of the aneurism, as far as I could learn, had never been suspected, yet its presence, as shown by the autopsic examination, unquestionably gives the key for unraveling the whole mystery of the case.

The question is here naturally suggested: is there nothing within the range of our materia medica capable of inducing, or at least promoting, Nature's method of cure? that of the disposition of fibrinous layers within aneurismal sacs?

When the disease affects any of the vessels within the reach of the surgeon, we do not hesitate to place the case in his hands for operative treatment; while, where the aorta is the seat of the disease, the case is usually left to Nature; remedies being seldom prescribed with any other view than that of alleviating some of the more distressing symptoms.

It is true, we have remedies producing many of the symptoms attending aneurism of the aorta, but with what confidence of effecting a cure they are prescribed, may be judged from the fact that two of our best authors, in treating of this subject, suggest no remedies whatever.

The question to be solved is as follows: Is there any known substance, which, when taken into the system, in either large or small quantities, has the power of inducing such a coagulability of the blood, as to facilitate the filling up of aneurismal sacs with clots? This is sometimes effected by unaided Nature, and mechanically by the surgeon, in cases where the vessel be within his reach.

In answer to this question, I wish only to call attention to a remarkable series of twelve cases,* treated by the internal use of the iodide of potassium, in doses of from five to fifteen grains, repeated three times a day.

In all of these cases, but one, striking relief of the suffering followed the use of the remedy; in eight, an undoubted diminution of the size of the sac took place; while in the remaining three,

[* Part 47, page 127, of Braithwaite's Retrospect.]

complete subsidence of the tumor seems to have occurred. The beneficial effect of the drug in these cases, was attributed to its power of increasing the coagulability of the blood.

While treatment by this method may not be looked upon as purely homœopathic, still, the true physician, in so grave a disease, will not hesitate to avail himself of every means for increasing the chances of the recovery of his patient.

Finally, in the management of these cases, let us not lose sight of the circumstances of an occasional spontaneous cure, and give the patient all the advantage of the hope which may result from a knowledge of this fact, to cheer him while suffering from one of the most distressing, as well as from its frequent suddenly fatal termination, one of the most terrible maladies to which human flesh is heir.

ARTICLE XV.

Cases treated at the Clinic of the Hahnemann Medical College. Reported by HENRY NOAH MARTIN, M. D., of Philadelphia, Professor of Clinical Medicine.

CASE I.

September 4th, 1867.—Sarah K——, aged 35. Has been sick for about two years; gets out of breath from walking up stairs; generally worse from exercise; burning sensation under right shoulder blade; pain in right side extending to the left; hunger at about eleven o'clock every day; nausea after eating. Gave sulphur 1^{m} one dose, followed by sacch. lac. September 10th, reported better in all respects, September 20th, after exertion (marketing), vomited a substance mixed with blood; still some cough, with opaline expectoration, which sometimes tastes salty; sometimes burning under the sternum. Gave arsenicum 10^{m} followed by sacch. lac. She received no more medicine, and was cured.

CASE II.

September 5th, 1867.—Mrs. B. H——, aged 23. Pain in left side, from under the false ribs around to the back. Yellow leucorrhœa, not very thick, constant; most at the menstrual period; back always feels weak; no pain during menstruation; natural in color and quantity; occasional sharp, shooting pains through the head, sometimes in the occipital and sometimes in the frontal region; feels very tired in the morning; in the daytime feels better after a short sleep than after a long one; has sometimes palpitation in the cardiac region. Violent exercise is very exhausting; perspires easily; sleeps at night with her arms over head, and feels stiff on rising.

Gave pulsatilla 5^{n} one dose, followed by sacch. lac.

September 7th.—Reports considerable improvement. The pain in the left side nearly gone.

This patient received no more medicine, and was cured.

CASE III.

September 14th.—Mrs. A. B——, aged 50. Has a beating, fluttering sensation in the left breast, in the region of the heart;

gasps for breath; sometimes has slight cough; no expectoration; occasional headache.

Laurocerasus 1m. One dose cured her promptly.

CASE IV.

September 16th, 1867.—W. H——, aged 34. Had gonorrhœa, with burning and scalding during urination; thick, yellow discharge.

Gave cannabis sat. 2c in repeated doses.

September 18th.—Reports no pain or scalding when urinating; some yellow discharge from urethra, and chordee at night. Cantharides 2 .

In three days this patient reported himself cured.

CASE V.

September 30th, 1867.—Miss A. P——, aged 28. Has pain during menses. which commences in the hypogastric region and goes down the legs; then sharp pains in the back; chills during pains, commencing in the breasts. Vertigo at night in bed; everything turns round. Fullness and bearing down in the abdomen; menstruation five days too soon, too profuse, but natural in color; has weak spells.

One dose of conium 1m cured this patient.

The foregoing related cases, excepting the case of gonorrhœa, were of long standing, and like most of the cases that come before the class, supposed to be incurable cases. The homœopathic public clinics are generally the last resort of such patients.

The case of gonorrhœa was not treated before the class, but privately, in the dispensary. It is somewhat unusual for gonorrhœa to recover so rapidly under any treatment. It is quoted to show what the properly selected remedy will do, even in a case of gonorrhœa, and without injections of any kind.

ARTICLE XVI.

Prolapsus Uteri. Its Surgical Treatment, with a Description of a New Uterine Supporter. By E. J. FRASER, M. D., Erie, Pa.

In the medical or surgical treatment of any malady, a correct knowledge of the anatomical construction, physiological action and pathological condition of the organs or parts involved is indispensable to the successful treatment of the same. If such is true as a general rule, it is eminently so in regard to prolapsus uteri, and diseases of the female reproductive system.

The uterus or womb of the human female is about three inches long, two broad at the fundus, one in diameter at the neck, and is flattened from before backwards. It is situated within the cavity of the pelvis, between the rectum and the bladder, and is suspended and kept in its place principally by the broad and round ligaments. Partial support is afforded by the walls of the vagina and the soft parts surrounding the same. When in its natural position, the lower portion or the mouth is distant about four inches above the vulva or orifice of the vagina, while the whole organ is partly below and in front of the sacrum, the fundus at the same time being on a line about two inches below the sacro-vertebral promontory. About half of the body of the organ lies beneath the arch formed by the curve of the sacrum, for it will be observed that the sacrum turns abruptly backwards from its point of union with the vertebral column, and then curves downwards. The peculiar manner in which it is suspended within the pelvis, has given it the appellation of the "floating organ."

The womb is subject to various derangements, one of the most common of which is its descent within the pelvic cavity. Such a condition could be effected only by the lengthening of the suspensory ligaments. This may be the result of immediate violence, or else of relaxation from debility. Whatever the cause may be, the condition is one of dislocation, and is attended with pain and suffering equally as distressing as that produced by the dislocation of an arm or limb.

In regard to treatment, every surgeon knows that the only successful method of treating a dislocated joint is to reduce the

dislocation and apply a retaining apparatus. Analogy and experience teach that this is precisely the case in dislocation of the womb. It needs to be replaced in its proper position and kept there till the ligaments have regained their proper tone and shape, when they will again perform their proper functions and keep the womb in its proper place. Various forms of apparatus have been devised and used for that purpose, comprising rings, cups, globes, sponges, horseshoe, letter "S," and inflated pessaries, and the so-called abdominal supporters. The globes, sponges, some forms of rings, and the inflated pessaries, distend the vaginal canal, and crowd the womb upward, and as they have no receptacle for its neck, often flex it in the line of its axis. When they are removed, the vacuum within the distended vagina presents an inviting location for the uterus to occupy.

All forms of rings and cups give a very uncertain support, and do not even attempt to regulate the projection or line of axis of the organ, and at the same time preserve its natural shape. But the most unscientific and positively injurious apparatus known is the so-called abdominal supporter, which consists of a pad over the lower portion of the lumbar region, another over the hypogastric region, and the two made to approach each other forcibly by means of steel springs around the body. Such pressure would of course force the womb backwards under the projecting sacrum, and of course downwards in a line of the vaginal canal. These supporters sometimes have a supporting cup and wire introduced into the vagina, and the action and reaction caused by such an apparatus cannot fail to produce flexion of the womb in the line of its axis.

All forms of apparatus heretofore used have proved in all cases so nearly useless, and in many so positively injurious, that very many intelligent physicians have discarded their use altogether.

The royal road to success, however, in this as in all other pursuits, has not been on a direct line "across corners," but has taken "the longest way around." The author of this paper, however, after trying all the various kinds with the usual failure, attempted the construction of a uterine supporter on scientific principles, and after a series of repeated trials, developed the form herewith illustrated. The neck of the uterus is embraced within, the mouth passes through, and the body rests upon, the bell-shaped ring—the *cul de sac* easily yielding to admit of such a situation. The ring is securely held at its proper angle and

Fig 1

Anterior View.
Full Size.

Fig 2.

Posterior View
Full Size.

Fig 3.

Prospective View
Improved Form.

elevation by the bows, the basket-shaped base of which are in turn supported by the perinæum and muscles of the vulva. Whe inserted, it is so imbedded in the soft parts of the vagina, that turning or displacement is utterly impossible. The functions of the urethra and rectum are not interfered with, neither is there any obstruction to the passage and free exit of secretions from the uterus. It is entirely concealed, and although very securely held in place, produces no undue distention of the vaginal walls. It is constructed of metal, the coarsest of which that comes in contact with the parts is pure silver. It can be worn any length of time without irritation, and be removed when the organs have regained their normal situation.

It is believed that in this supporter a new and very useful instrument is placed in the hands of the physician and surgeon, by the aid of which he can relieve an untold amount of human suffering.

ARTICLE XVII.

Epidemic Yellow Fever in the City of New Orleans, 1867. By GEORGE KELLOGG, M.D., of New Orleans, La.

The epidemic of 1867, in New Orleans, assumed such a variety of aspects, that it unsettled the pre-conceived ideas that gave rise to grave doubts, on the part of the profession, as to whether the disease so generally prevalent, was the yellow fever, or a type of fever new to this latitude. This uncertainty as to diagnosis is evident in glancing over the statistics of mortality during the fourteen weeks the epidemic raged.

For instance, there were during that period 3,003 deaths reported to have occurred from yellow fever, 226 from pernicious, and 222 from congestive fevers; giving an enormous amount of mortality from the latter types of fever, unprecedented in the history of either of the two latter diseases in this city. That they were coincident, two distinct forms of fever, epidemic, during the summer of 1867, I have no doubt, for when no anology exists between two cases of fever, all the difference must not be set down as attributed peculiarities of idiocyncrasy. As well say that scarlatina and rubeola are identical, or the products of the same poison, because both are eruptive diseases ushered in by a fibrile paroxysm, and undistinguishable in their inceptions; and not until the eruption appears can a reliable diagnosis be given.

So it was with the epidemic of 1867.

That yellow fever may manifest a variety of forms, depending upon local causes, either meteorological or terreous, there can be no doubt. New Orleans being on the verge of the yellow fever zone, may, from topical causes, originate an epidemic *febris icterodes remittens*, mild in its character and differing in very many of its vital points from the true specific icterodes of the yellow fever zone, and yet resemble it in many of its constituents.

In fact, I have met the former, as a sporadic, endemic disease, every year of my residence in New Orleans. It is non-virulent, non-contagious, but the introduction of foreign poison, either formites or living bodies, with the disease of a malignant type in process of incubation, will change the character of the mild, indigenous into the contagious and malignant form of the disease, constituting the fatal continued *febris icterodes* of the torrid and equatorial zone.

There is no doubt that the yellow fever of that summer maintained a sway over all prevailing diseases, so that any other disease than yellow fever, being introduced by a foreign element, would be subjugated in its development and changed in its general character by that pervading influence.

During the months of June and July a disturbing, morbid element was introduced from Mexico, by the arrival of several hundred Austrian soldiers, the debris of the army of Maxamilian, arriving in a state of destitution, many of them filthy in the extreme, either from neglect or otherwise; many of them sick with malarial poison; each on a focal point, from which disease might propagate. Distributed around the city, in the lowest class of boarding houses, what wonder is it, that seeds thus sown broadcast, should produce just such fruits as we have reaped.

During the summer of 1867 many of these Austrians died, while in transit to New York, of a malarial fever of an exceedingly grave type. This was the fructifying influence that developed the latent germ of disease and modified what would otherwise have been a mild type of ordinary billious remittent fever, into one simulating in most of its diagnostic symptoms the relapsing fever, so accurately described in the British and Foreign Medico-Chirurgical Review for July, 1851.

That there was yellow fever prevading to an extent, entitling it to the epithet of epidemic, I do not question for a moment, but that the 60,000 cases of fever estimated to have occurred during the prevalence of the epidemic, with a total of deaths from fevers of all kinds of only 3,550, against 8,101 deaths in 27,000 estimated cases, in the epidemic of 1853, shows that either the epidemic of 1867 was of an exceedingly mild type, or that all the 60,000 cases were not yellow fever, as it has ever before manifested itself in this city; and I maintain the position, that not more than one-half of the cases set down as yellow fever presented those diagnostic symptoms by which the disease is recognized by those most familiar with it, viz : congested and spongy gums, bleeding upon pressure; the characteristic odor which emanates from the body, and which is *sui generis;* peculiar appearance of the conjunctiva, a diffused redness, not injected; a peculiar brownish red color of the forehead and face; albuminous urine; violent articular pains. Most of which symptoms are presented in each and every case of fully developed yellow fever.

There were other symptoms, not diagnostic but equally as

cogent, that would sustain my views that there were two distinct, morbid atmospherical elements in the locality, each producing its specific type of disease, one of which is the fact that natives of native parents, many of them never having left the city, were victims of this pseudo yellow fever; even native colored persons, a thing almost unprecedented in the history of previous epidemics. Again, many persons had this spurious yellow fever as early as June and July, and in September and October had the true, unmistakable *febris icterodes*, and many of these cases proved fatal.

Another fact was, that many persons who had had all the diagnostic symptoms of yellow fever in epidemic years, with all its peculiarities well defined, and who had never vitiated their acclimation by change of climate, were frequent victims, which, if the first was veritable yellow fever, would destroy the illusion of thousands who predicate from the original attaek, an immunity for themselves for all time, thus destroying a theory which has been a sustaining element in the prosperity of our city.

To illustrate my position, I may run the risk of being thought too nice in my distinctions, but will present two cases of each type to corroborate my opinion. I could multiply them, if necessary, to convince those who do not believe that "one swallow makes a summer," or that two should. "*Abbuno discê omnia*," and I think the individuality of each type will be distinct and characteristic.

Yellow fever, *per se*, although it may in different epidemic seasons present, in its inceptive stage, peculiarities which may render the diagnosis obscure, yet, after the first twenty-four hours, will be developed its specific phenomena, viz: violent supra-orbital and persistent articular pains; turbid conjunctiva; dark red suffusion of the forehead; a peculiar expression and watery condition of the eyes; intense redness of mucous lining of nose and mouth, tip and edge of the tongue; and urine invariably albuminous.

CASE I.

The first case, that of Mrs. ——, will be found one full of interest, as exhibiting some of the peculiarities which made the last epidemic a fresh study to even old students. The patient, aged 50, sanguine nervous temperament, was taken on Sunday, September 22; had no premonition, except that on the day previous she experienced a slight rigor while riding, the wind being from the north; on going to bed, felt somewhat desponding; slept soundly until 1 A. M. of Sunday, when she was wakened by having

a severe chill and pains in the loins and extremities. This continued a short time and was followed by alternate rigors and flashes of heat, until it resolved itself into a perfect hot stage, attended by violent supra-orbital and articular pains; face brownish red; eyes suffused. At 9 P. M. febrile paroxysms still unabated; a diffused redness of the conjunctiva. Monday, 9 A. M., great gastric irritation superadded to the condition of yesterday; vomiting of glairy mucus; the characteristic odor is plainly perceptible, and is much complained of by the patient, as it aggravates the nausea; urine slightly albuminous.

This condition obtained until the evening of Wednesday, when the fever subsided, leaving her somewhat exhausted, but nothing present to indicate an unfavorable termination of the case, except the persistent gastric irritation. This lull in the disease continued, however, but a short time, when excessive prostration supervened; the face and extremities of mahagony color, and other indications that a change was taking place in the blood; gums became spongy; pulse preternaturally slow, as if the blood was thrown from the centre to the extremities with great effort; in fact, the symptoms were all alarming, but fortunately, all succumbed to appropriate remedies, and on the eighth day, owing to a morbid sensitiveness of the patient to the odor from the clothes, I consented to her changing them, carefully avoiding an erect position. Apparently no unfavorable results followed my concession, but the night brought its troubles in the shape of hysterical mania, at first bland in its character, but subsebuently becoming a serious complication. The yellow fever *per se* was cured, but the sequelæ were terrible. An entire insomnia for five consecutive days and nights, of course, added fuel to the fire; the mania assuming each hour a more distressing aspect, baffling all the suggestions made by professional brethren.

After administering every remedy whose pathogenesis had any analogy to the case, without producing any impression, and an unfortunate idiocyncrasy of the patient forbidding the use of morphia codeia, I had determined to resort to hypodermic injections of morphia, when my friend, Dr. Crawcour, suggested the following formula of the bromide of ammonium:

℞.—Bromide of ammonium, vj dr.
Syrupus aurantii florum, iij oz.
Aqua, iij oz.

One large spoonful in crushed ice every two hours.

Four hours of refreshing sleep followed the administration of the first spoonful, and I succeeded in controlling, with this remedy, insomnia, which was persistent during the whole period of convalescence. I should here remark that this hysterical mania was a frequent and troublesome complication in the fever of 1867.

Gen. W——, of U. S. Army, was a perfectly parallel case to the one already described.

CASE II.

My next case is that of Mr. W——, aged twenty-four. Sanguine bilious temperament; had been in New Orleans about ten months. He had suffered excessively from apprehension of the disease. I saw him first on Thursday, Sept. 5th, five A. M.; had experienced alternate flashes of heat and rigors since four o'clock, but at five the febrile paroxysm was fully established, with every indication of a severe attack; moral influences all bad; great despondency, with a settled conviction that the disease would terminate fatally; violent articular pains in extremities; face discolored; dirty redness of conjunctiva; weight and pressure in the frontal region; nausea.

9 A. M.—No abatement of symptoms; eruption on chest and arms.

Friday, 6th, 6 P. M.—Had passed a sleepless night; great tenderness of epigastrium on pressure; intense redness of mucous lining of nose and mouth; tip and edge of tongue red; urine scanty and albuminous; apprehensive feeling still continued.

9 P. M.—No change apparent.

Saturday, 9 A. M.—Fever had abated during the night, about 10 o'clock; skin moist, pulse very slow; circulation sluggish; odor very strong; moral symptoms better; more hopeful.

9 P. M.—Condition about the same as in the morning, except an entire suspension of urine; used catheter and succeeded in getting a spoonful of saturated urine.

Sunday, 7 A. M.—Those distressing phenomena were presented, which, to the true, sympathizing physician, so destroy his equanimity—that treacherous calm, which deceives the patient and the inexperienced attendants, but which, to the cultivated eye, fortells almost certain death; an entire absence of fever; preternaturally slow pulse; tongue clean; skin cool and moist; desire to eat; morbid fear of death changed for one of hopeful anticipation. But this is all a fiction, for in a short time the fatal symptoms supervened; eyes became sottish, complexion dirty and greasy, sclerotica yellow; intense restlessness and an expression of counte-

nance as of hopelessly asking for aid; symptoms of uræmia poisoning; coma; vomiting of mucus, with small specks, like snuff, floating in it; and finally, the ejection from the stomach, without any effort, of veritable black vomit; and at 9 P. M. was terminated, by death, one of those cases of fully developed yellow fever, in which is seen every one of the characteristic symptoms of the disease, unstayed by medication.

The diagnostic indications of the coincident epidemic will now be illustrated by

Case III.

Mr. R. M——, aged 22. Has been in New Orleans three months; sanguine bilious temperament; habits good; saw him first August 5th. He had a severe chill, lasting about an hour, followed by a violent febrile reaction, with hot, moist skin; pulse 120 and full; nausea and bilious vomiting; tongue very much coated and breath offensive; small and frequent bilious stools, with some tenesmus; urine scanty and red; skin jaundiced.

On the 6th, I found there had been a distinct remission and patient better; supposing from the appearance of the tongue and the collateral symptoms that it was a case of gastric fever of a remittent form, I was surprised to find the next morning that all the symptoms had assumed a grave type. Superadded to the symptoms of day before yesterday was tongue dark in the center; edges red; delirium, with rational intervals; skin of a greyish yellow color; great sensitiveness in the region of the liver and enlargement of that organ; sclerotica yellow; vomiting of dark, vitiated bile.

On the 8th, 9 A. M., I again found a distinct remission, and at 8 P. M., an entire absence of fever; profuse sweat and normal heat of body; tongue patchy, cleaning off in spots; gastric symptoms relieved, and without an unfavorable indication.

Friday, 9th, 8 A. M.—Patient had slept well; no thirst or restlessness, with nothing to indicate a return of fever.

Saturday—Patient convelescent, and on Monday he was out.

August 20th.—Was again called to see Mr. M——; he had been to the theatre the previous evening, and returned at 11 P. M.; shortly after returning, passed through the same ordeal which had ushered in the first attack just fifteen days before. All the phenomena of this relapse were milder, and he was again convalescent on the 24th. Subsequent to this attack he regained his usual health and strength.

September 11th.—Was again sent for to see Mr. M——; there was at once presented to me the true diagnostic symptoms of yellow fever; odor, congested gums, and most if not all the unmistakable indications, *ab initio*, manifested thus early in the attack. I anticipated a rapid and fatal termination, and my prognosis was unfortunately correct. This case terminated with uræmia and black vomit on the sixth day.

CASE IV.

V. D——, aged 25, was born in Tampico, Mexico, within the yellow fever zone, of colored parents; came to New Orleans when three years of age and has never been out of the city since; has passed through every epidemic unscathed. He was taken during the night of Friday, September 20th, with a severe chill, lasting about an hour, and as the epidemic was at its height, the inference was that it was an anomalous case of yellow fever, and he took during the nights of orange leaf tea and warm foot baths, without producing any diaphoresis.

Saw him first, Saturday, September 21st, at 7 A. M.; skin very hot and dry; at 11 A. M., there was a distinct remission; skin moist but hot; pulse 90; no thirst; tongue coated and nausea, but no vomiting.

9 P. M.—Fresh accession of fever without any rigors; bilious vomiting and one or two bilious, thin stools; very offensive.

Sunday, 9 A. M.—Found the tongue dry; brown in the center; breath offensive; slight sordes on teeth; gums not spongy or congested; bland delirium during the night; pulse 120 and corded; symptoms all discouraging; still there were none of the especial indications of yellow fever.

9 P. M., Sunday.—All the symptoms favorably modified; pulse softer and less frequent; tongue moist and a generally improved condition.

Monday, 23d, 9 A. M.—He had passed a good night; sleeping occasionally; profuse sweat of an acid odor; tongue cleaning off in patches; yellowness of the skin and eyes and a desire for food.

24th.—Seemed to be convalescent, with no indications requiring treatment.

Was sent for October 3d, to see V. D. again, after his having been out several days apparently well. He relapsed and went through the same routine, only, as in case third, it proved milder in its type than the first attack.

Now here we have four cases with a striking analogy between numbers one and two, and between three and four; scarcely any between one and three or two and four. In the first place I could not discover any albumen in the urine of either Case III or IV, although during their progress they both manifested somewhat grave symptoms. In Case I and II it existed, and in every other case when there was met the other coroborative symptoms of yellow fever. This was the experience of every intelligent physician who took the trouble to test the urine.

The next noteworthy distinction is that when a relapse occurs in yellow fever, it always assumes a more aggravated form than did the original attack; whereas, in this pseudo yellow fever the relapse was much milder and convalesence rapid.

Another stumbling block in the way of the believers in the unity of the epidemic of 1867 is, that many persons had a fever which simulated yellow fever as early as the month of June, and who subsequently, as late as September or October, had the yellow fever, and many of these cases terminated fatally with black vomit.

Out of twenty-five cases, reported to have occurred at Jackson Barracks during the months of July and August, fifteen subsequently had well defined yellow fever, and six of them dying of black vomit.

No person acquainted with the history of yellow fever will say that two distinct, well authenticated attacks of the yellow fever could occur, except as an anomaly, in the same individual in the short time of three months. If so, we must ignore all previous experience in epidemic yellow fever.

That a person, having had the fever in New Orleans, may again be susceptible to its pernicious influence, I do not question, but not on this latitude. He may be amendable to the disease again within the torrid zone, at Havre or Vera Cruz, but instances of second attacks of yellow fever are as rare as are those of variola or some other of the exanthemata, and may be set down as anomalies.

Another distinction to be remarked, was the persistence of the febrile paroxysm, with but slight, if any, perceptible remission for about seventy hours, then subsiding and no subsequent exacerbation. Whereas, in the other cases, a marked remission occurred in every instance.

Again, the odor, which is best described as resembling that from

the nest of a mouse, is always a concomitant of the *icteroides vera.* In this analysisis I have not pointed out all the points of difference, but enough to establish the individuality of each form of epidemic fever of the summer of 1867.

The treatment of each form of fever differed somewhat, though not in the stage of inception, for this, aconite, belladona and gelseminum, with the collateral aid of tepid pedeluvia and other provocatives of diaphoresis, but so soon as the marked indications of yellow fever supervened, then the treatment of the two diseases diverged; in the one case argentum nit., cantharides, arsenicum, crotalus would be indicated, and in the other bryonia, rhus tox. and belladonna, which remedies almost invariably controlled the disease. Sulphate of quinine, given during the apyrexia, usually prevented a return of the fever.

As to the comparative success of the different modes of treatment, I think that success was in an inverse ratio to the quantity of medicine administered; and amongst my orthodox friends, I found that those who were proselytes to the conservative school of medicine, whose cardinal principal is "*medicus naturæ minister est,*" were generally successful. Careful nursing and closely watching and sustaining, when found necessary, the failing vital powers, with stimulants, and administering the indicated remedies, ensured a generally satisfactory amount of success.

ALBANY COUNTY HOM. MEDICAL SOCIETY.

Article 18.—List of Officers, Delegates, Committees and Members.
Article 19.—Report of the Albany County Homœopathic Medical Society, comprising:
A. Proceedings of a Quarterly Meeting, held July 22, 1867.
B. Proceedings of a Special Meeting, held July 30, 1867.
C. Proceedings of a Special Meeting, held August 8, 1867.
D. Proceedings of a Special Meeting, held August 13, 1867.
E. Proceedings of a Quarterly Meeting, held October 7, 1867.
F. Proceedings of a Special Meeting, held November 8, 1867.
G. Proceedings of a Special Meeting, held December 6, 1867.
H. Proceedings of the Annual Meeting, held January 14, 1868.
I. Proceedings of a Quarterly meeting, held April 21, 1868.
J. Proceedings of a Quarterly Meeting, held October 27, 1868.
By H. M. Paine, M. D., Secretary.
Article 20.—Report of the Albany City Dispensary.
By H. M. Paine, M. D., Albany, N. Y.

ARTICLE XVIII.

List of Officers, Delegates, Committees and Members.

Drs. W. S. Baker, Cohoes, President.
H. B. Horton, Kinderhook, Vice-President.
H. M. Paine, Albany, Secretary and Treasurer.

Censors.

Dr. J. N. White. Dr. J. W. Cox. Dr. L. M. Pratt.

Delegates to the State Medical Society.

Drs. H. Swits, Drs. J. S. Delavan,
J. W. Cox, W. H. Randel.

Delegates to the American Institute of Homœopathy.

Dr. E. D. Jones, Dr. H. M. Paine, Dr. L. M. Pratt.

Honorary Members.

Drs. Henry D. Paine, 229 Fifth avenue, New York.
J. H. A. Graham, Berne, Albany county.

Members.

Drs. E. D. Jones,	140 State street,	Albany,	New York.
Jas. W. Cox,	119 State street,	do	do
John S. Delevan,	77 Columbia street,	do	do
Wm. H. Randel,	1 Clinton Square,	do	do

Drs. Lester M. Pratt, 580 Broadway, Albany, New York.
Horace M. Paine, 104 State street, do do
A. Caspari, 202 Green street, do do
Jas. F. McKown, cor. Eagle and Hudson sts., do do
W. S. Baker, Cohoes, Albany County, New York.
Harman Swits, Schenectady, Schenectady County, New York.
Joseph N. White, Amsterdam, Montgomery County, N. Y.

The annual meeting, for the election of officers, is held in the city of Albany, on the second Tuesday in January. Regular quarterly meetings are held on the second Tuesdays of April, July and October.

ARTICLE XIX.

Report of the Albany County Homœopathic Medical Society, comprising:
A. Proceedings of a Quarterly Meeting, held July 22, 1867.
B. Proceedings of a Special Meeting held July 30, 1867.
C. Proceedings of a Special Meeting, held August 8, 1867.
D. Proceedings of a Special Meeting, held August 13, 1867.
E. Proceedings of a Quarterly Meeting, held October 7, 1867.
F. Proeeedings of a Special Meeting, held November 8, 1867.
G. Proceedings of a Special Meeting, held December 6, 1867.
H. Proceedings of the Annual Meeting, held January, 14, 1861.
I. Proceedings of Quarterly Meeting, held April 21, 1868.
J. Proceedings of a Quarterly Meeting, held October 27, 1868.

A.

PROCEEDINGS OF A QUARTERLY MEETING.

The usual quarterly meeting of the Society was held at the office of Dr. J. S. Delavan, Monday evening, July 22, 1867.

In the absence of the President and Vice-President, Dr. L. M. Pratt, senior Censor present, presided, calling the meeting to order at half-past eight o'clock.

There were present, Drs. Pratt, Jones, Delavan, Butler, Paine and Horton.

The minutes of the last meeting were read and approved.

On motion of Dr. Delavan, Dr. Horton was invited to participate in the deliberations of the meeting.

On motion of Dr. Delavan, the amendments to the constitution and the code of by-laws, reported at the last meeting, were adopted.

Dr. Butler presented the name of Herman B. Horton of Bath, for membership.

The election of Dr. Horton, as required by the constitution just amended, was determined by ballot, all the members present voting in the affirmative.

Having paid the initiation fee and signed the constitution, Dr. Horton was declared elected and entitled to all the privileges of membership.

The letter from Dr. Springsteed, tendering his resignation of membership, read at the last quarterly meeting and laid aside for future action, was called for.

The members present expressed their views freely, those in favor of accepting his resignation and those opposed, being about equally divided. The question was, however, finally determined by a motion offered by Dr. Jones to accept Dr. David Springsteed's resignation of membership, the office of Censor and Delegate in the Albany County Homœopathic Medical Society.

On motion of Dr. Jones, Dr. H. Swits, of Schenectady, was elected a Delegate to the State Medical Society, in place of Dr. D. Springsteed.

On motion of Dr. Jones, Dr. J. C. Butler, of Albany, was elected Censor in place of Dr. D. Springsteed.

At this stage of the proceedings, the members present accepted an invitation from Dr. Delavan to partake of an elegant and beautiful entertainment.

On retiring to the place of business, Dr. Butler stated that in his opinion the time had fully come for action on the part of the homœopathic profession in this city, with a view of the organization of a City Dispensary. In point of numbers and talent, we have now sufficient strength to efficiently sustain such an institution. We have not heretofore had the requisite surgical talent. That difficulty is now removed. Dr. Horton, at present a resident of Bath, is about to remove to this city. In the event of the organization of the proposed Dispensary, he is willing to accept the position of resident physician, provided suitable rooms can be secured. Dr. Horton, having had long experience in the department of surgery, both in the army and in private practice, is well qualified for the position.

Dr. Delavan coincided fully with Dr. B. in regard to the desirableness of taking immediate measures for the organization of a Dispensary under auspices of the County Medical Society. He would aid the movement to the extent of his ability. He fully believed the adherents of the homœopathic system in this city would liberally sustain the enterprise by providing for all needed pecuniary liabilities.

Drs. Jones, Pratt, Horton and Paine heartily indorsed the state-

ments offered by the previous speakers; accordingly, as no opposition to the speedy inauguration of the movement was manifested, on motion of Dr. Butler, a committee of three was proposed, whose duty it should be, to take such preliminary action as they may deem proper; embracing the selection of a suitable building in a desirable location; the estimated expense required the first year; and the preparation of a suitable form of a petition or circular letter, to be addressed to the lay adherents of the homœopathic school, asking such aid as they may be disposed to contribute.

The President appointed Drs. Butler, Delavan and Horton such committee.

Dr. Butler reported a case of dropsy, in an aged person, of long standing, in which a strong infusion of apocynum and arsenicum of the first potency had afforded only partial relief.

Dr. Jones had employed the pure tincture of apocynum in doses of six to eight drops with satisfactory results.

Dr. Delavan stated that in his experience, doses of a wine glass full of the tincture of apocynum had been taken many consecutive days, with great benefit, in a case of heart disease which finally resulted in hydrothorax.

Dr. Delavan exhibited a specimen copy of a report on army surgery, prepared and published by the Surgical Bureau of the War Department.

On motion of Dr. Butler, a resolution was adopted, expressing the thanks of the Society to Dr. Delavan for the generous entertainment he had provided.

The Society adjourned to meet on Tuesday evening, July 30, at the office of Dr. E. D. Jones.

B.

PROCEEDINGS OF A SPECIAL MEETING.

A special meeting of the Society was held, pursuant to adjournment, at the office of Dr. E. D. Jones, Tuesday evening, July 30, 1867.

Dr. Cox, President of the Society, in the chair.

There were present Drs. Cox, Jones, Pratt, Butler, Horton and Paine.

An abstract of the minutes of the last meeting was read, corrected and approved.

Dr. Butler, chairman of the Dispensary committee, reported in substance, that the members of the committee had experienced

considerable difficulty in procuring a suitable building in an eligible location. A convenient and desirable dwelling located in Division street, seemed more suitable than any other; it is not, however, immediately available. Another, a large four story building, number 39 Green street, much larger than the requirements of the Dispensary demand, can be obtained without delay.

On motion of Dr. Jones, the committee was continued, and instructed to pursue this investigation; to ascertain the cost required to put a suitable building in repair; ascertain whether a lease for a term of years can be obtained, and at what cost; and request the Secretary to call a meeting of the Society, at the office of Dr. J. W. Cox, as soon as the committee are prepared to present a final report.

The meeting adjourned.

C.

PROCEEDINGS OF A SPECIAL MEETING.

A special meeting of the Albany County Homœopathic Medical Society was held at the office of Dr. J. W. Cox, August 8, 1867.

Dr. J. W. Cox, President of the Society, in the chair.

There were present Drs. Cox, Butler, Horton and Paine.

The minutes of the last meeting were read, corrected and approved.

Dr. Butler, chairman of the Dispensary committee, presented a report, showing the estimated expense of maintaining a Dispensary during one year, as follows:

Rent of a suitable building	$480 00
Painting	100 00
Mason's repairs	15 00
Stove	50 00
Fuel	30 00
Furniture	50 00
Medicines	120 00
Instruments	50 00
Stationery	20 00
Labor	25 00
Sundries	60 00
	$1,000 00

Dr. Butler also reported a form of a circular, briefly setting forth the claims of homœopathy for recognition by the benevolent public; also announcing to the friends and adherents of the homœopathic school, that it is our purpose to organize in this city a public Dispensary, and soliciting contributions to the object.

On motion of Dr. Paine, the report was accepted.

On motion of Dr. Butler, one thousand copies were ordered to be published, also the same number of small slips upon which subscriptions are to be entered.

On motion of Dr. Paine, a copy of proof of the address was ordered to be submitted for action at the next meeting of the Society.

On motion of Dr. Paine, the committee were instructed to procure, if possible, a lease of the building, number 39 Green street, for the purpose of a Dispensary.

Dr. Horton presented a letter received from an ex-president of the Erie County Medical Society (allopathic), showing regular standing in that organization.

On motion, adjourned, to meet at the office of E. D. Jones, Tuesday evening, August 13, at 9 o'clock.

D.

PROCEEDINGS OF A SPECIAL MEETING.

A special meeting of the Albany County Homœpathic Medical Society was held at the office of Dr. E. D. Jones, August 13, 1867.

There were present Drs. Cox, Jones, Pratt, Butler, Carroll and Paine. Dr. Cox, President of the Society, in the chair.

An abstract of the minutes of the last meeting were read and approved.

On motion of Dr. Butler, it was ordered, that the portions of his report having reference to the preparation of a circular for general distribution, be reconsidered.

On motion of Dr. Jones, all portions except those having a strictly business character, were stricken out. The form finally adopted, read as follows:

Proposal for a Dispensary in the City of Albany.

The increasing demand among the poorer classes of this city for homœopathic treatment, most urgently demands the establishment of a City Dispensary in their behalf, since their wants cannot be met by the physicians without the sacrifice of time and

effort, which justice to other patrons of greater claims does not allow.

The homœopathic physicians propose to give equal portions of their time and services to this object gratuitously.

It is estimated by the committee of physicians, appointed to consider the matter, that the sum of one thousand dollars will be sufficient for the object for the ensuing year.

As we contemplate a permanent organization, it appears essential to certain and continued success, that those individuals who are interested in this charitable object be solicited to agree to an annual subscription of such an amount as their means and disposition may suggest.

When the guarantee of one thousand dollars is secured, a meeting of the several contributors will be called, at which they will appoint officers, and take such other action as may be desirable to ensure the best means of promoting the object in view.

You are respectfully solicited to indicate on the inclosed blank slip the amount of your annual subscription, and place it in the hands of some one of the homœopathic physicians residing in this city.

J. C. BUTLER,
H. B. HORTON,
Committee.

On motion of Dr. Jones, six hundred copies were ordered to be printed.

Dr. Paine presented and read a form of a circular, substantially the same as that reported by the committee. The form he had adopted reads as follows:

"At a recent meeting of the Albany County Homœopathic Medical Society, a committee was appointed to arrange a plan for the establishment in this city of a public dispensary. Subsequently, the committee reported substantially the following statement addressed to the friends and adherents of the homœopathic system of practice, briefly setting forth the reasons which seem to call for the inauguration of the enterprise at the present time.

"The increasing desire for homœopathic treatment among the poorer classes, seem to call a corresponding effort on the part of the more favored and benevolent public, in order to render the advantages of that mode of practice more generally available than

is possible under existing arrangements. For the purpose, therefore, of extending the benefits of homœopathic treatment more widely, and at the same time enable the non-medical public to assume a share in the charity, it is proposed to establish in this city a public Dispensary, at which, during certain hours of every day, advice and medicine may be obtained without expense by those who are unable to pay for them.

The members of the homœopathic medical profession are ready to give their services gratuitously, provided their charitable patrons and friends are willing to contribute the moderate pecuniary resources required to sustain the institution. It is evident, that thorough organization of effort on the part of the wealthy and benevolent will contribute to the relief of a far greater number of poor persons, than can be affected without the aid of such an instrumentality.

The committee are of the opinion that at least one thousand dollars will be required annually to efficiently sustain an institution of such a grade as will meet the present requirements.

We respectfully request those who have experienced or witnessed the advantages of the homœopathic method of treatment to contribute to the subject. Subscriptions may be entered on the enclosed slip, and placed into the hands of any member of the County Medical Society.

As soon as the requisite amount is subscribed, a treasurer and other officers will be regularly appointed by the subscribers at a meeting to be called for the purpose of effecting a permanent organization."

On motion of Dr. Jones, six hundred copies were ordered to be printed for the use of the Society.

Dr. Butler stated, that in compliance with the instructions given him at the last meeting of the Society, he had obtained a verbal lease of the premises, number 39 Green street.

On motion of Dr. Jones, the Dispensary committee were authorized to secure a lease of the building to May 1, 1868, with a privilege of three years, the lessee to be notified at least two months in advance in case the further use of the building shall be relinquished by the members of the Socity.

On motion of Dr. Jones, the treasurer was authorized to levy an assessment upon the members of the Society residing in this city, of a sum sufficient to cancel the rent of the building for the month ending September 9, 1867.

On motion of Dr. Pratt, the meeting adjourned.

E.

PROCEEDINGS OF THE QUARTERLY MEETING.

The regular quarterly meeting of the Society was held at the office of Dr. E. D. Jones, on Monday evening, October 7, 1867.

The President and Vice-President being absent, Dr. L. M. Pratt, senior Censor present, occupied the chair.

There were present Drs. Pratt, Jones, Butler, Horton, White, Carroll and Paine.

The minutes of the last meeting were read and approved.

The election of members being first in order, Dr. Paine presented the name of Dr. Joseph N. White, of Amsterdam. Dr. White was unanimously elected by ballot.

Dr. Butler stated that subscriptions to the Dispensary fund having been received in sufficient amount to ensure the success of the enterprise, he would suggest that the initiatory steps be taken by the Society for the early organization of a Homœopathic Dispensary Association.

On motion of Dr. Jones, it was

Resolved, That the Secretary be requested to call a meeting of the subscribers to the Dispensary fund, at such time and place as he may deem best, for the purpose of organizing a Dispensary Association in this city.

On motion, the meeting adjourned.

F.

PROCEEDINGS OF A SPECIAL MEETING.

A special meeting of the Society was held at the office of Dr. H. M. Paine, November 8, 1867, the President, Dr. Cox, in the chair.

Present, Drs. Cox, Horton and Paine.

The minutes of the last meeting were read and approved.

Dr. Paine, Treasurer of the Society, presented a statement showing a deficit of about ten dollars.

On motion, a tax of two dollars on each of the resident city members was ordered.

Dr. Horton desired to ascertain upon what terms he could rent a portion of the Dispensary building.

Dr. Cox estimated the rent of the principal floor at $240.00 per year, and the remaining portion at an equal sum.

He proposed renting all except two rooms on the first floor to Dr. Horton, from the present time to the first of May next, for the sum of $120.00.

The following resolutions, presented by Dr. Paine, were adopted:

Resolved, That the principal floor of the building, number 39 Green street, be retained for the use of the Dispensary Association.

Resolved, That the Society accept the proposition of Dr. Horton to rent such portions of the Dispensary building as are not occupied by the Association, to the first of May, 1868, for the sum of $120.00.

Resolved, That the Dispensary committee be authorized to make such repairs of the rooms on the first floor of the building, and procure such articles of furniture as may be required for the purposes of a Dispensary.

Meeting adjourned.

G.

PROCEEDINGS OF A SPECIAL MEETING.

A special meeting of the Society was held at the office of Dr. H. M. Paine, Friday evening, December 6, 1867. Dr. Pratt, senior Censor, present in the chair.

Present—Drs. Pratt, S. D. Hand, of Binghamton, Jones, Horton and Paine.

An abstract of the minutes of the last meeting was read.

Dr. Paine presented a statement showing the desirableness of taking the initiatory steps to the formation of a public Lunatic Asylum under the auspices of the homœopathic school. He stated that Dr. S. D. Hand and Hon. John Stanton Gould had been consulted with regard to the most feasible plan to be adopted, and the most eligible location for such an institution. These gentlemen had proposed a form of a bill to be presented at the next session of the Legislature, a copy of which will be found on file among the papers belonging to the Society. See page 31.

The following resolution, presented by Dr. Paine, was adopted:

Resolved, That we cordially approve the proposal having in view the establishment of a new State Lunatic Asylum, under the auspices of the homœopathic school, and that we earnestly recommend our brethren of the medical profession throughout the State to extend to this enterprise all the assistance in their power.

Dr. Paine called attention to the proposition submitted to the Constitutional Convention by Hon. Mr. Colahan, the object of which is the elevation of the standard of medical education, and to promote the advancement of medical science. A copy of the form

of the proposed amendment will be found on file among the papers belonging to the Society. See page 21.

Dr. Paine presented the following resolution, which was adopted:

Whereas, In the proposed constitutional amendment presented by Hon. S. J. Colahan, with a view to the advancement of medical science by elevating the standard of medical requirements, we recognize an instrumentality of great practical importance; therefore,

Resolved, That we hereby respectfully request the members of the Constitutional Convention to support said measure and favor its adoption in the form of an amendment to the Constitution of this State.

The meeting adjourned.

H.

PROCEEDINGS OF THE ANNUAL MEETING.

The eighth annual meeting of the Society was held at the rooms of the City Dispensary, January 13, 1868.

Dr. Pratt, senior Censor, in the chair.

There were present, Drs. Jones, Pratt, Horton and Paine.

The minutes of the last meeting, and of the meeting previous to the last, were read and approved.

The Treasurer presented a report showing a surplus in the treasury of $3.92. The report was accepted and adopted.

Drs. Jones, Pratt and Paine paid the usual annual tax of one dollar.

The Secretary presented a letter from Dr. J. S. Delavan, having reference to the treatment of diseases of the skin, at present adopted in European Hospitals.

Also a letter from Dr. H. Doty of Margarettville, Delaware County, superintendent of a private Lunatic Asylum, recently established for the homœpathic treatment of the insane.

Proceeded to elect officers for the ensuing year. See page 189.

On motion the meeting adjourned.

J.

PROCEEDINGS OF A QUARTERLY MEETING.

The regular quarterly meeting of the Society was held at the office of Dr. E. D. Jones, Tuesday evening, October 27, 1868.

Dr. Pratt, senior Censor, occupying the chair.

The following members were present: Drs. Pratt, Jones, Randel, Paine and Carpenter.

The minutes of the last meeting were read and approved.

On motion, Dr. J. F. McKown was nominated, and by vote unanimously elected a member of the Society.

On motion, Dr. J. H. A. Graham, of Bern, by reason of advanced age and inability to attend meetings of the Society, was excused from the usual annual assessment, and was elected an honorary member.

Dr. Jones exhibited specimens of coca leaves. The leaves are used by natives in the South American States to increase the power of endurance under severe physical labor. About 30,000,000 pounds of it are annually raised, and used by about 10,000,000 of the human race.

This plant, like coffee, tea, opium, tobacco and other narcotics, has the power of controlling interstitial decay. It conserves the vital force and prevents the waste which is constantly going on in the system. Under its influence, only one-third or one-half the usual amount of sleep is required, and the same is true with regard to the amount of food. The desire for sleep and the sensation of hunger seem to be temporarily suspended, without producing any perceptibly injurious effects on the system.

The use of coca enables travelers to ascend and travel in high, mountainous localities, without suffering from dyspnœa, hæmoptysis or sleepiness, and with little apparent fatigue.

Dr. Jones stated that he had prescribed the remedy to a patient who has for many years suffered great inconvenience from labored asthmatic respiration on ascending even a slight elevation, and with very satisfactory results.

An interesting paper, giving information relating to the use of the plant, is published in the August (1867) number of the North American Journal of Homœopathy.

Dr. Jones exhibited a new microscope of superior construction, also various specimens of trichina in muscular tissue; also, specimens of sugar, starch, and the cellular structure of plants.

On the suggestion of Dr. Randel, it was resolved that in the future the meetings of the Society be held at the rooms of the City Dispensary.

A desultory discussion followed with regard to the preparation of the first annual report of the Albany City Dispensary.

On motion, meeting adjourned to the second Tuesday in January, 1869.

ARTICLE XX.

Report of the Albany City Dispensary, comprising:*

A. Proceedings of the meeting held October, 28, 1867.
B. Proceedings of the meeting held November 7, 1867.
C. Proceedings of the meeting held November 21, 1867.
D. Constitution and by-laws of the Albany City Dispensary Association.
E. Proceedings of the meetings of the Board of Trustees.
F. Form of Report presented to the Comptroller November 14, 1868.

A.

PROCEEDINGS OF THE MEETING HELD OCTOBER 28, 1867.

At a meeting of friends and contributors to the establishment of a Homœopathic Dispensary in the city of Albany, held at the office of Dr. H. M. Paine, 104 State street, Dr. E. D. Jones was called to the chair, and E. W. Keyes was appointed Secretary of the meeting.

By request, Dr. Paine read the constitution and by-laws of the Bond street Homœopathic Dispensary, in the city of New York, for the information of the persons present.

The following resolution was adopted unanimously:

Resolved, That the subscribers to the funds of the projected Homœopathic Dispensary in the city of Albany be, and the same are hereby organized and constituted the Albany Homœopathic Dispensary Associotion.

It was further ordered that the minutes of this meeting, embracing the foregoing resolution, be embodied in a circular to be addressed to the contributors, that they might thus be notified of the organization of this Association and of their membership therein, and that their attendance at the next meeting be earnestly solicited.

On motion, Dr. H. M. Paine was appointed a committee to present a draft of constitution and by-laws for consideration at the next meeting.

Adjourned to meet at the office of Dr. E. D. Jones, 140 State street, Thursday evening, November 7, 1867.

Form of Circular issued.

Albany, *November* 5, 1867.

Dear Sir:

"At a meeting of the friends and contributors to the establishment of a Homœopathic Dispensary in the city of Albany held at the office of Dr. H. M. Paine, October 28th, 1867, pursuant to pre-

* A copy of the articles of incorporation, and the first annual report of the Dispensary, will be found near the close of the volume, under the head "Miscellaneous Papers."

vious notice, Dr. E. D. Jones was called to the chair, and E. W. Keyes was appointed secretary.

"The following resolution was unanimously adopted:

"*Resolved*, That the subscribers to the funds of the proposed Homœopathic Dispensary in the city of Albany be and the same are hereby organized and constituted, The Albany Homœopathic Dispensary Association.

"It was further

"*Resolved*, That the minutes of this meeting be embodied in a circular to be addressed to the contributors, that they might thus be notified of the organization of this association and of their membership therein, and that their attendance at the next meeting be earnestly solicited.

"Dr. H. M. Paine was appointed a committee to present a draft of constitution and by-laws for consideration at the next meeting.

"Adjourned to meet at the office of Dr. E. D. Jones, 140 State street, Thursday evening, November 7th, at 7½ o'clock.

"In compliance with the instructions of the foregoing resolution, we address to you this circular for information, earnestly hoping that you will be present at the adjourned meeting on Thursday next.

"The means contributed and pledged to the enterprise now fully warrant the organization of the Association and demand the action that can only be secured through organized effort.

"A constitution is to be adopted and officers elected to give direction and effect to the labors alike of the past and of the future in connection with this enterprise.

"You will thus see the importance of a full attendance of all the members at the next meeting. By your contribution you are constituted a member, and you are earnestly invited to be present.

"Very truly yours,

"E. D. JONES, M. D., *Chairman*.

"E. W. KEYES, *Secretary*."

B.

PROCEEDINGS OF THE MEETING HELD NOVEMBER 7, 1867.

Meeting of the Albany Homœopathic Dispensary Association convened pursuant to adjournment at the office of Dr. E. D. Jones, Dr. Jones in the chair, E. W. Keyes acting as secretary.

By request, and for the information of those present, Dr. H. M. Paine stated what had been done, preliminary to the organization,

under the auspices of the County Homœopathic Medical Society, and read, from the minutes of a committee appointed by said Society, the action they had taken prior to the meeting of the contributors on the 28th of October last.

Dr. Paine, as the committee appointed for that purpose, submitted a draft of constitution and by-laws prepared by him, which, after discussion and amendment, were adopted.

Adjourned to meet at the office of Dr. J. W. Cox, on the fourth Tuesday of November next.

C.

PROCEEDINGS OF THE MEETING HELD NOVEMBER 21, 1867.

Meeting convened pursuant to adjournment at the office of Dr. J. W. Cox.

Minutes of last meeting not being present, reading was omitted by general consent.

Constitution and by-laws adopted at last meeting were read for information.

On motion, an election was had of a Board of Trustees of the Association for the ensuing year.

Chair appointed Dr. Paine teller.

The following persons, having a majority of all the votes cast, were declared duly elected, to wit: William Lacy, S. A. Stratton, Samuel Moffatt, E. W. Keyes, Drs. E. D. Jones, H. M. Paine and J. W. Cox.

Meeting adjourned.

D.

CONSTITUTION AND BY-LAWS OF THE ALBANY CITY DISPENSARY ASSOCIATION.

Constitution.

Article 1. This association shall be known as the Albany City Dispensary Association.

Article 2. The object of this association shall be the establishment of a Homœopathic Dispensary in the city of Albany, for the purpose of furnishing medicines and medical attendance to persons who are unable to pay for them,

Article 3. An annual contribution to its funds shall constitute the donor a member of this association.

Article 4. The management of the affairs of the association shall be under the direction of a Board of Trustees, to consist of seven

members, four of whom shall be laymen, and three homœopathic physicians. They shall be elected annually from the members of the association, a majority of the members present being necessary to a choice. Vacancies occuring in the Board during the year shall be filled by an election of the Board at its next meeting.

Article 5. The officers of the Board of Trustees shall be a president, vice-president, treasurer and secretary, to be elected by ballot, by the Board, at the annual meeting, a majority being necessary to a choice.

By-Laws.

SECTION 1. The annual meeting of this association shall be held on the fourth Tuesday of November in each year, at which time the officers of the Board of Trustees shall submit their annual reports.

SEC. 2. The Board of Trustees shall meet twice in each year; the first meeting being in conjunction with the annual meeting of the association, and the second meeting six months thereafter. A majority of the Trustees shall be necessary to constitute a quorum. At these meetings the attending physicians of the Dispensary shall be appointed.

SEC. 3. The officers of the Board of Trustees shall be *ex-officio* the officers of the association; and in the absence of any or all of them the vacancy shall be supplied *pro tem.* by the association.

SEC. 4. It shall be the duty of the president or vice-president to preside at the meetings of the association and of the Board of Trustees, and in case of the absence of both, a presiding officer shall be elected *pro tem.* It shall also be his duty to call a special meeting, when requested in writing by three or more members of the association.

SEC. 5. It shall be the duty of the Secretary to keep a record of the proceedings of the association and Board of Trustees, and to give written notice of special meetings of the board.

SEC. 6. It shall be the duty of the Treasurer to receive all moneys belonging to the association and to make all disbursements authorized by the Board. He shall make a report semi-annually to the Board and annually to the Association

SEC. 7. The Treasurer's accounts shall be audited annually by a committee of two members of the association, to be appointed by the President.

SEC. 8. The Dispensary shall be open for at least one hour each

day, at which time it shall be the duty of one of the physicians appointed by the Board of Trustees to be present.

SEC. 9. In order to defray the expenses of the Dispensary, a committee of three shall be appointed from the association to raise funds for that purpose.

SEC. 10. The Board of Trustees shall, from time to time, make such appropriations as may be deemed necessary for the purchase of medicines, surgical instruments and all other articles requisite for the proper conducting of a Homœopathic Dispensary; said purchase to be made by a committee of three physicians to be appointed by the Board.

SEC. 11. A record book or books shall be purchased for this Dispensary, in which the name of each patient shall be inscribed; the date of reception; a detail of the case; treatment and the result, if known; to be kept by the attending physician.

SEC. 12. The foregoing constitution and by-laws may be amended at any annual meeting of the association by a vote of two-thirds of all the members present.

E.

PROCEEDINGS OF THE MEETINGS OF THE BOARD OF TRUSTEES.

ALBANY, *November* 26, 1867.

A meeting of the Trustees of the Albany City Dispensary, was held at the office of Dr. J. W. Cox.

Present:—Messrs. Lacy, Moffatt, Stratton, Keyes, Cox, Paine and Jones.

The following were elected officers of the Board:

William Lacy, President.
S. A. Stratton, Vice-President.
E. W. Keyes, Secretary.
Samuel Moffatt, Treasurer.

On motion, the President and Dr. Cox, were appointed a committee to secure the incorporation of the Association pursuant to general law for that purpose.

The physicians on the Board were authorized to designate the physician to have charge of the Dispensary.

Meeting adjourned.

ALBANY, *February* 27, 1868.

A special meeting of the Trustees of the Dispensary was held at the office of Dr. Paine, pursuant to notice.

Present—Drs. Paine and Jones. Messrs. Lacy, Moffatt and Keyes.

Messrs. Lacy, Jones and Moffatt were appointed a committee to make enquiries for suitable premises for the Dispensary, by purchase or lease.

Meeting adjourned to meet at Dr. Paine's office, March 17, 1868.

ALBANY, *March* 17, 1868.

Meeting of the Trustees of the Dispensary, pursuant to notice, held at the office of Dr. Paine.

Informal consideration of measures to secure an appropriation from the Common Council in aid of the Association.

Committee appointed to procure premises for the Dispensary, reported that they had leased premises, number 7 Plain street, to be put in thorough repair, for four hundred and fifty dollars ($450) per year; could sub-lease portion of premises not needed for the Dispensary, for $225.

Report approved.

Treasurer made a statement concerning arrears of rent due from Dr. Horton, for premises number 39 Green street, now used by the Association. No action.

Adjourned.

Form of Petition.

To the Hon. the Common Council of the City of Albany:

The undersigned, in behalf of the Albany City Dispensary Association, would respectfully represent—

That the said Association was organized for the purpose of prescribing and administering medicines, and medical and surgical treatment gratutiously to such indigent persons as are unable to pay for the same.

That the expenses attending this charitable purpose have been and are wholly defrayed by donations from our citizens interested in promoting this object, and that all the services rendered by or on behalf of the Association, by physicians or others, are strictly gratuitous.

That since the organization of the Association and the opening of its Dispensary office at 39 Green street, in December last, medicines and medical and surgical treatment have been gratuitously furnished as per the subjoined statement of the physicians in attendance.

That to insure the highest good in the direction for which the

Association was organized, it is deemed important that the effort be placed upon a more stable footing than it can be by relying solely on voluntary donations from our citizens from time to time; and to this end we respectfully petition the Honorable the Common Council of the City of Albany, to make an annual appropriation for the support of the Association and in furtherance of its objects of at least one thousand dollars.

WILLIAM LACY, *President.*
EMERSON W. KEYES, *Secretary.*
SAMUEL MOFFATT, *Treasurer.*

Summary of Diseases Treated.

The Dispensary was opened for the reception of patients about the middle of last December. Since that time (less than three months), upwards of two hundred prescriptions have been made at the rooms of the Dispensary, and about fifty out patients have been visited at their residence. About four-fifths of the patients prescribed for are considered cured, and are not now under treatment.

Among the diseases treated are the following:

Surgical cases	57
Diseases of the digestive organs	35
" " skin	20
" " lungs	17
" " throat	8
" " eyes	9
" " nervous system	8
" " urinary organs	6
Rheumatism	10

E. D. JONES, L. M. PRATT,
J. W. COX, W. H. RANDEL,
H. M. PAINE, *Attending Physicians.*
H. B. HORTON,
Resident Physician and Surgeon.

Albany, *May* 26, 1868.

Semi-annual meeting of the Trustees of the Dispensary convened at the Dispensary rooms, number 7 Plain street, pursuant to provisions of by-laws.

Present—Messrs. Lacy, Stratton, Moffatt, Keyes and Dr. Jones.

Mr. Stratton moved that Dr. J. F. McKown be appointed physician at the Dispensary, in place of Dr. Horton.

Carried unanimously.

Dr. Jones moved that Dr. Reynolds be appointed surgeon in place of Dr. Horton.

Carried unanimously.

The Treasurer presented his report, which on motion was received and placed on file.

On motion of Mr. Stratton, it was resolved that the advertisements in the daily papers be discontinued.

The Secretary was appointed a committee to procure a seal for the Association.

Adjourned.

F.

FORM OF REPORT PRESENTED TO THE COMPTROLLER NOV. 14, 1868.

On applying at the office of the State Comptroller for the amount ($500) appropriated by the Legislature to the Dispensary, the Treasurer received the subjoined circular:

STATE OF NEW YORK:

COMPTROLLER'S OFFICE,
ALBANY, *October* 1, 1868.

Sir—I enclose you herewith a blank form of report, to be made out by the officers of your institution, in accordance with the provisions of chapter 419, Laws of 1864. Such report must be filed in this office on or before the 15th day of November next, in order to be included in the distribution of the appropriation made by the Legislature to "certain public and charitable institutions," by chapter 817, Laws of 1868. If such reports are not promptly sent, the institution may lose the benefit of the appropriation.

Yours respectfully,
W. F. ALLEN,
Comptroller.

In compliance with the above, the following report was presented at the office of the Comptroller, and was accepted November 14, 1868:

Form of Report.

To WILLIAM F. ALLEN, Esq.,
Comptroller of the State of New York:

The board of Trustees of the Albany City Dispensary Association, in pursuance of chapter 419 of the Laws of 1864, would

respectfully submit the following report, showing the financial condition of the said Dispensary, and the number of patients treated therein, during the fiscal year ending September 30, 1868.

The said Dispensary was incorporated April 9, 1868, under the provisions of the general "act for the incorporation of benevolent, charitable, scientific and missionary societies, passed May 12, 1848.

SCHEDULE A.

FINANCIAL STATEMENT.

Value of personal property, including furniture	$250 00
Present indebtedness estimated at.....	500 00

Received during the fiscal year ending Oct 1, 1868.

By donations and voluntary contributions	$500 00

Expenditures during the fiscal year.

For medicines, surgical instruments and books	$300 00
For rent and incidental expenses.....	450 00
Total expenditures.....	$750 00

SCHEDULE B.

Statement of the number of Beneficiary Patients treated in said Dispensary during the fiscal year ending September 30, 1868, *for whom no other Provision has been made.*

Number.	Names.	Diseases.	No. days.

Total number of patients treated at the Dispensary is upwards of 600. The list of names filled sixteen foolscap pages.

A large proportion of the patients treated at the Dispensary have received only one or two prescriptions, hence it is not possible to state, even approximately, the duration of treatment. It is supposed to average four or five days.

FORM OF AFFIDAVIT

Of President, Superintendent, or the Resident Physician and Surgeon, and Treasurer.

STATE OF NEW YORK, *ss:*

A. B., President, C. D., Secretary, and E. F., Treasurer, of the Albany City Dispensary, being severally sworn, depose and say,

that the foregoing report and schedule exhibit a true and faithful condition of the finances of said Dispensary, and also the whole number of *beneficiary* patients admitted and treated therein, *for whom no other provision had been made*, the diseases for which treated and the duration of such treatment.

Sworn before me, the ——
day of ——, 186 .

———— ————.

The following is the form of communication received from Comptroller after receipt of the above:

STATE OF NEW YORK:
COMPTROLLER'S OFFICE,
ALBANY, ——, 1868.

Sir—Your report is received.

The amount will be paid when the taxes for the current year are received at this office, which will be in the latter part of the winter. The appropriation was made in April, but was estimated and provided for in the tax to be levied and collected for the fiscal year commencing October 1, 1868, and are a part of the expenses of that year.

Respectfully yours,
W. F. ALLEN,
Comptroller.

BROOME COUNTY MEDICAL SOCIETY.

ARTICLE XXI.

List of Officers, Delegates and Members, 1868.

Officers elected October, 1867.

Dr. Stephen D. Hand, President.
H. S. Sloan, Vice-President.
Titus L. Brown, Secretary and Treasurer.

Censors.

Dr. Ira W. Peabody, Binghamton, Broome county.
Titus L. Brown, do do
J. D. Vail, Montrose, Pennsylvania.

Delegate to the State Medical Society.

Dr. Titus L. Brown.

Honorary Members.

Drs. William C. Doane, Washington, D. C.
H. C. Champlin, do do

Members.

Dr. Stephen D. Hond	Binghamton,	Broome	county.
Titus L. Brown	do	do	do
Ira W. Peabody	do	do	do
George F. Hand	do	do	do
Henry S. Sloan	do	do	do
Theodore P. Knapp	Union,	do	do
E. B. Nash	Harpersville,	do	do
Stoddard Pratt	Center Lisle,	do	do
J. D. Vail	Montrose, Pennsylvania.		

The annual meeting is held on the third Tuesday of October; the semi-annual on the third Tuesday of June.

CAYUGA COUNTY MEDICAL SOCIETY.

ARTICLE 22.—List of Officers, Delegates, Committees and Members.
23.—Papers communicated by C. W. Boyce, M. D.:
Catarrhus Æstivus.
Constipation.
Carbolic Acid.
24.—Case of Tænia Solium. By C. E. Swift, M. D.
25.—A few remarks on Dysentery epidemic in New York, 1865. By C. Dunham, M. D.
26.—Dysentery. By Ad. Lippe, M. D.

ARTICLE XXII.

List of Officers, Delegates, Committees and Members.

Officers Elected June, 1867.

Drs. A. J. Brewster, President.
George H. Parsell, Vice-President.
C. William Boyce, Secretary and Treasurer.

Censors.

Drs. C. W. Boyce, Auburn, Cayuga county.
H. B. Fellows, Aurora, do
P. H. Peterson, Union Springs, do
H. Robinson, jr., Auburn, do

Delegates to the State Medical Society.

Dr. C. E. Swift, Dr. Wm. M. Gwynn.

Delegates to the Onondaga County Medical Society.

Dr. H. Robinson, jr., Dr. A. J. Brewster, Dr. E. P. K. Smith.

Delegates to the Oneida County Medical Society.

Dr. C. W. Boyce, Dr. H. Barton Fellows, Dr. C. E. Swift.

Delegates to the Wayne County Medical Society.

Dr. H. Robinson, jr., Dr. P. H. Peterson, Dr. Wm. M. Gwynn.

Committees.

Materia Medica—Drs. Fellows, Boyce, G. H. Parsell, C. E. Swift, H. Robinson, jr., and Strong.

Prevailing Epidemics—Drs. Robinson, Smith, Brewster, P. H. Peterson and Gwynn.

Officers elected June, 1868.

Dr. C. William Boyce, President.
P. O. C. Benson, Vice-President.
William M. Gwynn, Secretary and Treasurer.

Censors.

Dr. C. W. Boyce, Auburn, Cayuga county.
H. B. Fellows, Aurora, do
P. H. Peterson, Union Springs, do
H. Robinson, jr., Auburn, do

Delegates to the State Medical Society.

Dr. C. E. Swift, Dr. Wm. M. Gwynn.

Delegates to the Onondaga County Medical Society.

Dr. H. Robinson, jr., Dr. A. J. Brewster, Dr. E. P. K. Smith.

Delegates to the Oneida County Medical Society.

Dr. C. W. Boyce, Dr. H. B. Fellows, Dr. C. E. Swift.

Delegates to the Wayne County Medical Society.

Dr. H. Robinson, jr., Dr. P. H. Peterson, Dr. Wm. M. Gwynn.

Committees.

Materia Medica—Drs. Fellows, Boyce, P. O. C. Benson, C. E. Swift, H. Robinson, jr., and Strong.

Prevailing Epidemics—Drs. Robinson, Smith, Brewster, P. H. Peterson and Gwynn.

Honorary Members.

Dr. Carroll Dunham	New York.
Henry M. Smith	do
Lyman Clary	Syracuse.
A. R. Morgan	do
H. M. Paine	Albany.
Bernhardt Fincke	Brooklyn.
T. N. Calkins	Auburn.
E. R. Heath	Dayton, Ohio.
H. H. Heath	Seneca Falls.
L. B. Wells	Utica.
Hon. T. M. Pomeroy	Auburn.
Hon. W. P. Robinson	do
Rev. D. K. Lee	New York.

Members.

Dr. H. Robinson	Auburn	Cayuga county.
H. Robinson, jr.	do	do
C. W. Boyce	do	do
C. E. Swift	do	do
E. P. K. Smith	do	do
D. O. K. Strong	Owasco	do
A. J. Brewster	Cato	do
P. H. Peterson	Union Springs	do
George H. Parsell	Weedsport	do
H. Barton Fellows	Aurora	do
Wm. M. Gwynn	Throopsville	do
P. O. C. Benson	Skaneateles	Onondaga Co.

The annual meeting, for the election of officers, is held on the second Tuesday of June. Quarterly meetings on the second Tuesday of September, December, March and June.

ARTICLE XXIII.

Papers communicated by C. W. BOYCE, M. D.
Catarrhus Æstivus.
Constipation.
The Use of Carbolic Acid as a Dressing for Wounds.

CATARRHUS ÆSTIVUS.

McC——, in a former number of the Observer, asks for assistance in the treatment of the catarrhus æstivus or hay fever. "Be pleased to suggest something for present use," says McC., like a hungry man at 11 A. M., asking for lunch to stay his stomach until dinner time. Well, McC., here is a small slice "for present use."

Mrs. D. M. O——, a lady of 40 years, who has had "rose cold," "hay fever," etc., for several years, even to the prohibition of having a rose in the house, and all through the summer (1866) she was constantly sneezing and blowing her nose, applied to me last summer (1866) for a prescription. Knowing the obstinacy of some of these colds, I took down "The Symptomen Codex," and transcribed all the symptoms of sneezing, coryza, and their concomitants, on blank paper, and then compared them, and under sabadilla I found the following symptom, which was the prominent one in her case: "Lachrymation—when walking in the open air, *when looking at a bright light*, when coughing or yawning." Mrs. O. experienced all the other symptoms, but this one

was the only one that was characteristic, "that distinguished it from all other cases of a like character." I sent one powder of sacc. lac., in which were six pellets of sabadilla, 200th of Jenichen, to be dissolved in six spoonfuls of water, of which one spoonful was to be taken every four hours until all was used. The next day Mrs. O. rode up to my door and asked for a number of powders of the same medicine. She had not sneezed that morning.

To-day I have inquired whether Mrs. O. has had any return of the complaint, but I am assured that she has not, and what is further, she now has flowers and roses constantly in her house. I don't know whether sabadilla has ever been used for "hay fever" before or since, certainly not in my experience or knowledge.

By the way, the symptom on which was based the prescription is under the section belonging to the "eyes."

CONSTIPATION.

Miss R——, age forty; suffers from constipation constantly. Has taken continuously aloes for physic for several years. Has no inclination to go to stool. The failure of a passage for several days causes fullness and tightness in the abdomen. A passage is effected only with great straining when cathartic medicine is omitted. Dry, hard passage like cranberries. Has dry piles and pain running up the spine. Completely exhausted after a passage. Rectum and bowels seem paralyzed.

Alumina three doses.—First, 200; second, 1500; third, 2300; at intervals of three weeks, cured the case perfectly.

THE USE OF CARBOLIC ACID AS A DRESSING FOR WOUNDS.

Carbolic acid is comparatively a "new remedy," having been introduced to the profession within a few years and principally as a disinfectant; as hygienic and not therapeutic.

Its power as a disinfectant is unequaled, but I have never known it to be used for any other purpose, until within one year. Indeed, only eighteen months ago, I inquired at one of our principal drug stores for carbolic acid, and the druggist did not know that there was such an article.

In using this remedy as a disinfectant, and noting its great value, I was led, one year ago, or thereabouts, to apply a lotion consisting of carbolic acid, ten drops, and one half pint water, to a wound on the left side of the face of Mr. M. M. Fry, aged 70, who, while unloading a log from a conveyance, was struck by the binder on the left side of the face, about half way between the nose and

cheek bone. The blow of the stick completely turned the flesh from the point where it struck to the ear; making a wound four or five inches long to two or three wide, laying the bone bare. The flap was placed as nearly as possible to its place and retained by a few adhesive strips. There was more or less bleeding, but owing to its being done with so blunt an instrument, the bleeding was not very great.

From such a wound, produced in such a manner, and in as old a man, I expected there would be profuse suppuration, and be a long time in healing. In order to correct any bad smell that might arise from the wound during the stage of suppuration, I prepared an ordinary sized coffee cup full of water and carbolic acid, ten drops of the latter. With this lotion the parts were to be kept wet. I visited Mr. Fry three times within a week, and to my surprise there was not a drop of pus discharged, and at the end of the week the wound was entirely healed and has so remained to this day.

This surprising result led me to use the same preparation in the following cases:

Charles Stalker, aged 18. Right middle finger was mashed in machinery. The first phalanx was mashed fine and felt like pieces of bone in a small bag. The first joint was implicated. The wound was compound and pieces of bone protruded. The condition was so bad that it did seem wrong to try to save the end of the finger, but with the knowledge of the above case before me, I concluded to try the lotion. The finger was put in as good shape as possible and held by adhesive strips and the lotion applied. In an incredibly short time, young S—— used his hands to write with, and has continued to do so ever since. He removed one or two fragments of bone, but there was no suppuration, nor much soreness; even the joint is intact.

R. S.——, aged 33, brother of the last patient, fell from a chestnut tree, and in striking the ground fractured the malar bone and received a bad cut from the eye to the cheek. The malar bone was fractured and driven down upon the muscle beneath it. The eye and its surroundings were blood-shot and greatly swollen. The wound was dressed with the carbolic acid lotion, with the same result, that is, no formation of pus, and entirely healed in a few days.

A. W.——, aged 20, received, one week ago, a deep cut between the thumb and fore-finger of the left hand, severing an artery. The

bleeding was arrested in the course of a few hours by an application of Mouset's solution, which produced a firm clot in the wound. This clot was not removed for three or four days, when the lips of the wound were brought together, and to-day the wound is nearly healed. Not the least sign of suppuration. The wound was dressed with carbolic acid lotion.

From this uniform success in treating wounds with carbolic acid lotion, I tried its effect upon a "broken breast," some weeks ago. The abscess had formed and opened, and was discharging pus freely. The usual amount of inflammation was present, and the case gave evidence of continuing a long time. These cases have always, in my hands, continued for a long time discharging, and with little satisfaction in treatment. I think I have noticed that when the abscess has formed slowly it is apt to continue discharging for a long time.

This case had been several weeks in developing, and terminated finally in suppuration, in spite of my best efforts. There was profuse discharge and great soreness of the breast. The opening would admit the ends of three fingers with ease. Here was a case to try the curative virtue of carbolic acid. A lotion was prepared and used, a small quantity made to enter the abscess. The suppuration began to diminish at once, and healed sooner than any case in the limits of my experience.

To these cases I wish to add one, which may be regarded, in all probability, as pathogenetic.

Some time during the summer, I had occasion to use some carbolic acid, and through carelessness a quantity was spilled in my left hand. It was necessary to leave it in contact with the skin for a few minutes. Some of it trickled down between the fingers and remained as a drop in the back of the middle-finger.

Before it could be removed there was a peculiar feeling of stiffness and puckering of the entire hand. This discomfort remained on the middle finger until night. At one spot it never left until there appeared a small pimple, which increased in size until it became a sore resembling a carbuncle. The flesh suppurated until a probe could be passed nearly through the finger. For a number of days the sore hand was intensely painful and prevented sleep several nights. It finally healed.

Was this, or not, the effect of carbolic acid? I am firmly convinced that there is no remedy which will compare in its healing power in wounds with this.

ARTICLE XXIV.

A case of Tænia Solium. By C. E. SWIFT, M. D., of Auburn.

A young lady suffering from tape-worm, took two ounces of felix mass. The medicine was placed in two-thirds of a glass of water, of which a table spoonful was given every two hours. The remedy was used fasting, and was continued two days. I then gave about three ounces of bruised pumpkin seeds, excluding the outside integument, followed in two hours by two ounces of castor oil. In six hours after taking the oil, the patient passed a tape-worm eighteen feet in length.

ARTICLE XXV.

A few remarks on Dysentery, as it appeared in New York city and its neighborhood in 1865. By CARROLL DUNHAM, M. D.

From the nature of my business, I have not been called to treat many cases of dysentery. Three forms of that disease, however, have come under my observation in this city and its vicinity during the present summer.

1. In one of the adjacent cities I have seen several cases in consultation, and have heard of others which presented the following history:

The disease began with moderate febrile excitement, and with symptoms, both local and general, which clearly indicated mercurius. Under mercurius the cases improved until nearly convalescent, on about the third or fourth day after the disease had fairly declared itself. At this period the amelioration ceased; the patient became drowsy and stupid, the urine was scanty, and that which was secreted was retained in the bladder; the appetite failed entirely; emaciation was rapid, and the patient presented a strong resemblance to one in the second stage of a severe typhoid fever. Some of these cases lingered in this condition, causing great anxiety to the attending physician, until opium was administered. Under this remedy, given in the 200th potency, rapid improvement took place. The secretion of urine became free and the intelligence clear. The appetite returned, as did likewise the dysentric symptoms. The latter seemed to require mercurius again, and under this remedy the patients made satisfactory recoveries.

In Jersey City dysentery prevailed pretty extensively. Owing to some local exciting causes, it was in some parts of the city quite

severe. From my esteemed friend, Dr. H. Bowen, of Jersey City, I am happy to be able to quote as follows:

"We have treated a number of cases of dysentery this season, and all seemed to have belonged to the same type—very violent cases, and controlled by the same remedies. These were mercurius sol. and nux vomica. Mercurius sol. has never failed in a single case where it seemed indicated. The discharges were characterized by more violence than I have seen before; a good deal of bloody mucus, the blood predominating, with great tenesmus, before and after the discharge, lasting a long time. When there was any green in the discharge, it was a 'pea-green' color. In cases of this kind, mercurius sol. controlled all the symptoms at once. When there was not any green in the discharges, and the tenesmus continued long after the discharges, sulphur changed it so that there would no longer be pain or tenesmus after the stool, and then nux vom. completed the cure. Nux vom. has never failed me when it seemed indicated. A good deal of pain, but ceasing with the evacuations.

"Colocynth has been of great benefit in a few cases when with the other symptoms in which nux vom. would otherwise seem indicated, there were violent colicky pains in the abdomen and near the umbilicus, with, at times, a small quantity of fæcal matter in the stools. In such cases colocynth has not only controlled the colicky pain, but has gone further and controlled all of the symptoms.

"This is a point that I have observed in the treatment of 'single symptoms,' or in giving a remedy to control a single distressing symptom; that, if it controlled this symptom, it also controlled other symptoms that would seem to require another remedy. All of which shows to me that the characteristics of the remedy should always be sought after as the best means to cure the disease. When I have found the characteristic symptoms of the drug to correspond with the characteristic symptoms of the disease, it has never failed to control the disease or change it for the better."

3. In the city of New York several severe and rapidly fatal cases have been reported to me, though I have not seen any such. The patients (all children) were taken with dysentery of only moderate severity, and which seemed to indicate mucurius or nux vomica. Under this remedy the evacuations ceased and the patients appeared to be convalescent. On the third or fourth day, when there had been no stool for eighteen hours, suddenly, the patients sank into a complete collapse, from which no treatment,

no remedies internal or external, no stimulants of any kind, sufficed to restore them. Homœopathic and allopathic treatment were equally unavailing. In the space of six to twelve hours death occurred. In one case there was green watery vomiting during the collapse; in another dark hemorrhage from the rectum.

Crotalus was tried ineffectually in one of these cases. I do not know that secale cor. was given.

ARTICLE XXVI.

Dysentery. By AD. LIPPE, M. D., Philadelphia, Pa.

Dysentery has prevailed to a great degree in this city and its vicinity, as well as in other parts of this continent.

Again has true homœopathy been successful in quickly curing most of the cases whenever the selection of the remedy was made accurately; the individualization of each single case was quickly rewarded by a speedy cure.

The remedy most frequently indicated was mercurius corr. The violent tenesmus continuing after the evacuation, the discharges of blood and mucus, and the aggravation during the night, were its indications; many cases were cured by one single dose administered in the 200th and higher potencies. In former years nux vom. and colocynth were the remedies most called for; the first was indicated by the frequent small discharges of blood and mucus, with violent pains about the navel, and much fever and thirst; the latter by violent cutting pains in the abdomen, compelling one to bend double. Other remedies were at times called for, according to the characteristic symptoms of the patient.

If the pain in the intestines was increased or provoked by the least motion of the body, bryonia was the remedy; but if the discharges and pains were the most frequent during the night or when lying down and at rest, rhus tox. cured rapidly, but especially when the tongue became very red and dry.

In a protracted and desperate case, the patient suffered much from tenesmus vesicæ; the desire to pass urine was urgent and continuous, but unsuccessful, except during an evacuation from the bowels; also accompanied with violent tenesmus. Cantharides, camphor, aconite, mercurius corr., capsicum and sulphur had been given without any good result. Alumina has the following symptoms (*vide Hahnemann's Chronic Diseases*): Sympt. 567: While

pressing to stool, which is passed with much difficulty, the urine escapes involuntarily. 792: Loose evacuations with tenesmus in the rectum. Alumina 200 relieved the patient at once, and confirmed former observations, when under similar circumstances alumina had been the curative remedy.

Thrombidium 1000, one dose, cured two cases. First. A consumptive old lady, who was suddenly attacked with great tenesmus, straining at stool, prolapsus ani, discharges of mucus and soft fæces, was soon relieved.

Second. An old gentleman, about 75 years old, much emaciated but of nervous temperament, had dysentery for three weeks. The aggravation was from 4 P. M. to 4 A. M.; the straining and tenesmus violent, rectum and hemorrhoidal tumors protruded constantly when he was urged to evacuate; discharges consisted principally of pus, blood and mucus, with occasional very small pieces of fæces. The skin was dry, tongue coated, thirst moderate, pains in the bowels very moderate.

The most carefully selected remedies had but a very short effect in relieving him. Mercurius corr. had been given in a single dose in various potencies and in water, but it did no permanent good. Thrombidium 1000, dissolved in water, and a spoonful administered every few hours, at once relieved all symptoms of dysentery. There was a profuse discharge of fæcal matter without straining, tenesmus or prolapsus ani.

CHAUTAUQUA COUNTY MEDICAL SOCIETY.

ARTICLE XXVII.

List of Officers, Delegates, Committees and Members, 1868.

Officers.

Drs. Cornelius Ormes	President.	
John T. Blakeney,	Vice-President.	
F. D. Ormes	Sec'y and Treasurer.	

Censors.

Drs. E. L. Lakin	Sherman	Chautauqua county.
George A. Hall	Westfield	do
A. F. Ward	Jamestown	do
R. J. Curtiss	Mayville	do
F. D. Ormes	Panama	do

Delegates to the State Medical Society.

Dr. W. S. Hedges, Dr. George A. Hall.

Committees.

Drs. A. F. Ward, George A. Hall, R. J. Curtiss, Bureau for the Improvement of Materia Medica.

J. T. Blakeney, George A. Hall, A. S. Couch, Clinical Medicine.

C. P. Graves, Diphtheria.

A. S. Couch, Surgery.

E. L. Lakin, Diseases of the Throat.

J. T. Blakeney, Ulcers.

F. D. Ormes, New Remedies.

Members.

Drs. Cornelius Ormes,	Jamestown	Chautauqua county.
W. S. Hedges	do	do
A. F. Ward	do	do
F. D. Ormes	do	do
J'hn T. Blakeney,	Dunkirk	do
George A. Hall	Westfield	do
C. P. Graves	do	do
Asa S. Couch	Fredonia	do

Drs. E. S. Brown....	Fredonia.....	Chautauqua county.
R. D. Landon...	do	do
R. J. Curtiss....	Mayville	do
Charles Parker..	Panama	do
E. L. Lakin	Sherman	do

The annual meeting, for the election of officers, is held on the third Thursday of June; other meetings at the call of the President, on the written request of three members.

CHEMUNG COUNTY MEDICAL SOCIETY.

ARTICLE XXVIII.

List of Officers, Delegates and Members.

Officers.

Drs. Orlando Groom		President.
E. M. French		Vice-President.
Henry Sales		Secretary and Treasurer.

Censors.

Drs. R. N. Mills	Elmira		Chemung county.
T. W. Read	Big Flatts		do
E. W. Lewis	Watkins		Schuyler county.

Delegate to the State Medical Society.

Dr. Henry Sales.

Members.

Drs. Edson M. French,	Elmira		Chemung county.
Henry Sales	do		do
R. N. Mills	do		do
N. R. Seeley	do		do
T. W. Read	Big Flatts		do
Orlando Groom	Horseheads		do
E. W. Lewis	Watkins		Schuyler county.
Wm. Gulick	do		do
Frank Tompkins	Havana		do
E. B. Knight	Tyrone		do
J. L. Corbin	Athens		Pennsylvania.

COLUMBIA COUNTY MEDICAL SOCIETY.

ARTICLE 29.—List of Officers, Delegates, Committees and Members.
30.—Report of the Columbia and Greene Counties Homœopathic Medical Society, comprising:
A. Proceedings of the Annual Meeting, held October 1, 1867.
B. Proceedings of the Semi-Annual Meeting, held May 12, 1868.
C. Proceedings of the Annual Meeting, held October 6, 1868.
By H. B. HORTON, M. D., Secretary.

ARTICLE XXIX.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. P. W. Mull	Ghent	President.
W. M. Sprague	Coxsackie	Vice-President.
H. B. Horton	Kinderhook	Secretary.
T. T. Calkins	Hudson	Treasurer.

Censors.

Dr. C. P. Cook, T. T. Calkins, H. B. Horton.

Delegates to the State Homœopathic Medical Society.

Dr. W. H. Barns, Dr. P. W. Mull.

Delegate to the American Institute of Homœopathy.

Dr. A. P. Cook.

Members.

Drs. A. P. Cook	Hudson	Columbia county.
T. T. Calkins	do	do
Chas. P. Cook	do	do
G. L. Barnes	do	do
H. B. Horton	Kinderhook	do
J. S. Phillips	Catskill	do
P. W. Mull	Ghent	do
W. H. Barnes	Spencertown	do
J. F. Phillips	Claverack	do
S. E. Calkins	Athens	Greene county.
W. M. Sprague	Coxsackie	do

The annual meeting, for election of officers, is held on the first Tuesday in October. The semi-annual meeting is held on the second Tuesday of May.

ARTICLE XXX.

Report of Homœopathic Medical Society of the Counties of Columbia and Greene, comprising:

A. Proceedings of the Annual Meeting, held October 1, 1867.
B. Proceedings of the Semi-Annual Meeting, held May 12, 1868.
C. Proceedings of the Annual Meeting, held October 6, 1868.

By H. B. HORTON, M. D., Secretary.

A.

PROCEEDINGS OF THE ANNUAL MEETING.

The annual meeting of the Columbia County Homœopathic Medical Society was held at the office of Dr. A. P. Cook, on Tuesday, October 1, 1867.

The meeting was called to order by the President, Dr. W. H. Barnes.

The following members answered to their names: Drs. Barnes, Cook, Mull, T. T. Calkins and A. E. Calkins.

The proceedings of the last meeting were read and approved.

Dr. G. L. Barnes was duly elected a member of the Society.

Drs. A. P. Cook and T. T. Calkins were appointed a committee to procure twenty-five diplomas for the use of the Society.

The meeting proceeded to ballot for officers for the ensuing year. (See page 215).

On motion, the following resolution was adopted:

Resolved, That each member consider himself a committee to prepare some thesis on any subject pertaining to medical science.

Voted that the proceedings of this meeting be published in the Hudson papers.

On motion, meeting adjourned.

B.

PROCEEDINGS OF THE SEMI-ANNUAL MEETING.

The semi-annual meeting of the Society was held at the office of Drs. A. P. and C. P. Cook, in the city of Hudson, May 12, 1868.

The Society is in a flourishing condition, the attendance was large and a great deal of interest seemed to be taken in the proceedings.

The minutes of the last meeting were read and approved.

Drs. C. P. Cook and W. M. Sprague were duly elected members of the Society.

The Treasurer's report was read, and on motion unanimously accepted.

Dr. Mull reported a very interesting case of chorea.

Dr. Sprague reported an interesting case of convulsions.

Dr. G. L. Barnes read a paper on purpura hæmorrhagica, for which he received the thanks of the Society.

Voted that the proeeedings of the meeting be published in the Hudson papers.

Meeting then adjourned.

C.

PROCEEDINGS OF ANNUAL MEETING.

The Society convened at the office of Drs. A. P. and C. P. Cook, in the city of Hudson, October 6, 1868.

The meeting was called to order by the President, Dr. P. W. Mull.

The Secretary of the Society, Dr. Barnes, having moved out of the county, Dr. C. P. Cook was appointed Secretary *pro tem.*

The minutes of the last meeting were read and approved.

Dr. H. B. Horton, of Kinderhook, presented himself for membership, and on ballot, was duly elected a member of the Society.

The report of special committe being called, Dr. T. T. Calkins reported, that the committee appointed to procure diplomas for the Society, consisting of Dr. A. P. Cook and himself, had obtained fifty copies, which were accepted by the Society, and committee discharged.

The report of the Treasurer, Dr. T. T. Calkins, was read and adopted.

On motion of Dr. A. P. Cook, an assessment of one dollar was made upon each member to defray expenses of the Society.

On motion of Dr. A. P. Cook, a committee was appointed, consisting of Drs. C. P. Cook, W. M. Sprague, to procure a seal for the use of the Society.

The Society then took a recess until two o'clock.

Afternoon session.—Dr. T. T. Calkins, offered the following resolution, which was adopted:

Resolved, That our by-laws be so amended as to impose the following additional duty upon the President, viz.: That he shall deliver an address before the Society at each regular meeting.

The officers for the ensuing year were then balloted for.

Dr. Mull related some very interesting cases occurring in his practice, from poisoning by arsenic.

Dr. T. T. Calkins read a paper, criticising an article published in the transactions of the State Society, entitled, "Hydro-pneumo-Carditis." He also read two other papers relating to cases treated by him in his practice.

After a vote of thanks from the Society, Dr. Calkins offered the following resolution, which was adopted:

Resolved, That this Society deprecates the seeming carelessness of the Publishing Committee, in admitting articles in the published Transactions of the State Medical Society, which reflect discredit upon the Society.

Dr. Horton related an interesting case of chorea from his practice.

Dr. Sprague also reported a very obstinate case of nasal hemorrhage cured by matico.

Dr. Calkins, that the proceedings of the Society be published in the county papers, and also a copy be forwarded to the Secretary of the State Society.

The meeting then adjourned.

DUTCHESS COUNTY MEDICAL SOCIETY.

ARTICLE 31.—List of Officers, Delegates, Committees and Members.
32.—Report of the Dutchess County Homœopathic Medical Society, comprising:
A. Proceedings of the Annual Meeting, held Oct. 1, 1867.
B. Proceedings of an Extra Meeting, held Feb. 4, 1868.
C. Proceedings of the Semi-Annual Meeting, held April 7, 1868.
By JOHN HORNBY, M. D., Secretary.
33.—Clinical Report. By JOHN HORNBY, M. D.
34.—Syphilis and Gonorrhœa. By JOHN HORNBY, M. D.
35.—Case of Genuine Hermaphrodite. By HENRY N. AVERY, M. D.
36.—Case of Abcess of the Neck and Throat. By HENRY N. AVERY, M. D.
37.—Generalization in Medicine. By EDWARD W. AVERY, M. D.
38.—Uterine Disease. By EDWARD W. AVERY, M. D.
39.—Second and Third Annual Report of the Poughkeepsie Dispensary. By HENRY N. AVERY, M. D., Superintendent.
40.—Necrological Report. Biographical notice of the late Dr. M. J. Whitton, the late Dr. J. F. Merritt, and the late Dr. Vanderburg. By JOHN HORNBY, M. D.

ARTICLE XXXI.

List of Officers, Delegates, Committees and Members.

Officers elected October, 1867.

Drs. I. S. P. Lord ..... President.
Levi Hubbard ..... Vice-President.
John Hornby ..... Sec'y and Treasurer.

Censors.

Drs George Lorillard..... Rhinebeck.
Henry N. Avery ..... Poughkeepsie.
Benjamin Lansing..... Rhinebeck.

Delegates to the State Medical Society.

Drs. John Hornby..... Poughkeepsie.
Levi Hubbard ..... do

Delegate to the American Institute.

Dr. Henry N. Avery ..... Poughkeepsie.

Committees.

Drs. John Hornby..... Surgery.
Benjamin Lansing..... Pathology and Therapeutics.
Ephraim Case..... Materia Medica.

Honorary Member.

Dr. H. M. Paine	Albany	New York.

Members.

Drs. Asa Hall	Poughkeepsie	Dutchess county.
John Hornby	do	do
I. S. P. Lord	do	do
Henry N. Avery	do	do
Edw'd W. Avery,	do	do
Benj. Lansing	Rhinebeck	do
Geo. Lorillard	do	do
Ephraim Case	Clinton Corners	do
Walter Case	Harts Village	do

The annual meeting of the Society, for the election of officers, is held in the city of Poughkeepsie, on the first Tuesday in October. A semi-annual meeting is held on the first Tuesday in April. Adjourned monthly meetings are held from time to time.

ARTICLE XXXII.

Report of the Dutchess County Homœopathic Medical Society, comprising:
A. Proceedings of the Annual Meeting, held October 1, 1867.
B. Proceedings of an Extra Meeting, held February 4, 1868.
C. Proceedings of the Semi-Annual Meeting, held April 7, 1868.
By JOHN HORNBY, M. D., Secretary.

A.

PROCEEDINGS OF THE ANNUAL MEETING.

The ninth annual meeting of the Society was held at the house of the Secretary, October 1, 1867.

The following members were present: Drs. A. Hall, W. Case, L. Hubbard, D. W. Vanderburg and J. Hornby.

The minutes of the last meeting were read and approved.

Drs. I. S. P. Lord and H. N. Avery, of Poughkeepsie, were elected members of the Society.

The report of the Secretary was read and adopted.

The report of Dr. Hornby, committee on printing the constitution and by-laws of the Society, was accepted and adopted.

The report of Dr. Hornby, delegate to the American Institute of Homœopathy, was received and adopted.

The Secretary read a communication from Dr. Vanderburg, the

venerable President of the Society, resigning his post, and expressing his interest in the continued and increasing prosperity of the Society. The communication was respectfully listened to, and accepted, with expressions of regard for the doctor, on the part of the members present.

A committee was appointed to prepare and publish two forms of fee-bills: one for the use of members residing in the city of Poughkeepsie, and one for the use of members residing in other parts of the county; said bill to be printed in a form suitable for distribution, and to receive the signatures of all the physicians who may assent to its provisions. The committee consisted of Drs. Lord and Hornby, for the city, and Drs. D. W. Vanderburg, B. Lansing and W. Case, for the county.

The meeting then adjourned to the first Tuesday in April, 1868.

B.

PROCEEDINGS OF THE EXTRA MEETING.

At the written request of Drs. Hall, Hubbard and Avery, an extra meeting of the Society was held February 4, 1868, for the purpose of appointing a substitute in place of Dr. F. C. Vanderburg, to represent the Society at the next annual meeting of the State Society; also, to take action with regard to the death of two of its members, viz.: Dr. M. J. Whiton, of Fishkill Village, and Dr. F. C. Vanderburg, of Rhinebeck.

The following members were present: Drs. Lord, Hornby, Avery, Hubbard and Hall.

On motion, it was resolved to appoint Dr. Levi Hubbard, of Poughkeepsie, a substitute in place of Dr. Vanderburg, deceased, to represent this Society at the next annual meeting of the State Society.

It was resolved to appoint Drs. Hornby and Merritt a committee to draft resolutions having reference to the decease of Drs. M. J. Whiton and F. C. Vanderburg, and to prepare biographical notices for presentation at the next meeting of the Society.

It was resolved that this Society approve the appointment of Medical Examiners, as contemplated by the Constitutional Convention of this State.

Resolved, That the advertisement of a "Homœopathic Mutual Life Insurance Company of New York City," as published in the New York Tribune of January 23, 1868, be copied into a Pough-

keepsie newspaper, the Eagle, and the expense be defrayed by this Society.

The meeting then adjourned to the first Tuesday in April, 1868.

C.

PROCEEDINGS OF THE SEMI-ANNUAL MEETING.

The Society met, pursuant to adjournment, at the residence of the Secretary, April 7, 1868.

The roll being called, the following members answered to their names: Drs. Hall, Hornby, Hubbard, Lord and Avery.

The report of the annual meeting was read and adopted.

The report of the extra meeting was read and adopted.

Dr. Hornby, committee on surgery, read his report, which was accepted.

The report of the Secretary and Treasurer was read and accepted, and a resolution adopted, authorizing the Treasurer of this Society to pay to the Treasurer of the State Society the amount of taxes due the State Association for the present year.

The report of the delegate to the State Society was read and approved.

The Secretary was instructed to write obituary notices of Dr. Vanderburg and Merritt, deceased.

The members present then organized an association for improvement in medical science; meetings to be held monthly, in the city of Poughkeepsie.

After the discussion of various professional subjects, the meeting adjourned to the second Tuesday in October, 1868.

ARTICLE XXXIII.

Clinical Report. By JOHN HORNBY, M. D., of Poughkeepsie, N. Y.

I.

Epididymitis.—Patient: a physician of sanguine nervous temperament and middle age. Symptoms: engorgement of the vasa efferentia of left testicle, which was pendulous, and of two years' standing; with shooting pains into the inguinal region from the diseased testis.

Various remedies had been previously taken, and applications made without relief.

Spongia tosta in the 200th potency, of Lehrmann's preparation, taken in six globules for a dose, at intervals of five days, effected a cure in one month, which remained permanent.

II.

Scirrhus of the Epididymis.—Patient: a farmer of bilious temperament, and middle age, with trachial phthisis. The epididymis of the left testicle enlarged to the size of a hen's egg; hard, smooth and elastic to the touch; duration two years, with slight shooting pains, occasionally, into the groin of the affected side.

Spongia tosta in the 200th potency of Lehrmann, effected resolution, and causing a discharging of thin sanious yellow matter, for two months, when the swelling disappeared. The cure remained permanent. The patient died of consumption six months later.

III.

Balanitis.—Symptoms: free discharge of yellow thin pus secreted under the prepuce of the male, and within the vulva of the female organs of generation.

Thuja occidentalis, in the 30th dilution, and acid-nitric in the 3d, effected successful cures; which, followed by sulphur of the 30th, became permanent.

IV.

Venereal Excrescences.—Symptoms: cauliflower growths, barely discernible to the naked eye, but appearing through the magnifyer as a thickly clustered circle around the corona glandis of the penis, with copious secretion of stinking, offensive fluid.

Thuja occidentalis of the 1000th potency of Jenichen's preparation, repeated twice, at intervals of six weeks, effected a cure which remained permanent. Low potencies of the same medicine, had been taken internally, and the tincture applied externally, with the addition of lunar caustic, and had failed to give any relief.

V.

Syphilitic Ophthalmia.—Patient a physician of nervous bilious temperament, and middle age. He had produced ophthalmia of both eyes, by carelessly handling them after instrumentally treating a case of stricture of the urethra supervening on gonorrhœa.

Symptoms: Inflammation of the conjunctiva, with pain, lachrymation and photophobia.

Mercurius vivus in the 6th dilution effected a speedy and permanent cure.

VI.

Bubo.—Patient a seaman in U. S. Navy, of nervous bilious temperament, and 21 years of age.

Symptoms: Bubo in the left groin, following a chancre on the penis, treated while in the service a few months previous.

Mercurius vivus, 6th centesimal dilution, six globules night and morning, cured him in a week, without recurrence of symptoms.

VII.

Gonitis.—Patient a young man of sanguineo-nervous temperament, 25 years of age.

Symptoms: inflammation of cellular tissue of left knee, which was swollen, hard and inflexible, of eight months' duration—all which time was spent in ineffectual allopathic treatment.

Characteristic symptoms: Pain in the joint, ameliorated by warmth, aggravated by cold or cold applications; cured in two months with rhus tox., 2000th Jenichen's, alternated with the same remedy in the 12th centesimal dilution, taken at intervals of a fortnight.

The cure remains permanent to the present time, now eighteen months.

ARTICLE XXXIV.

Syphilis and Gonorrhœa. By JOHN HORNBY, M. D., Poughkeepsie, N. Y.

These diseases have, from their importance, attracted the attention of the governments of Europe, as they have also elicited the research of the ablest minds in the medical profession of all civilized countries.

The British government appointed, some time ago, a committee to inquire into the subject, with a view to diminish the effects of syphilis and gonorrhœa in the army and navy. The report of the committee is published in the British Medical Journal, for June, 1867, of which the following is an abstract:*

"The committee affirm: That there is a syphilitic virus, and that syphilis is a disease as specific as small-pox.

"As to the origin of syphilis, several witnesses, and a portion of the committee, concurred in the belief that syphilis, under favorable circumstances, may be generated spontaneously. That syphilis was introduced into Europe during the latter end of the fifteenth century, is an opinion entertained by few.

"Of several sores, they describe two species—the syphilitic and

* Half yearly Compendium of Medical Science, 1868, part I, page 100.

simple. The simple, local sore is the most common, in the ratio of four to one over all other varieties. Its influence never extends beyond the inguinal glands. It is eminently contagious. Like gonorrhœa, it is often the product of irritating and contagious secretions.

"The syphilitic sore is seen under three forms: one, characterized by induration throughout its entire course; the second, soft through its early stage and becoming subsequently indurated; the third, soft through its whole course, but which, unlike the simple local sore, is followed by constitutional disease.

"The evidence is conclusive as to the impossibility of pronouncing, with certainty, upon the character of a sore on its first appearance; *i. e.*, as to whether it will or will not be followed by constitutional symptoms; in other words, whether or not it will be a syphilitic sore. As a rule, however, the exceptions to which are rare, a soft sore, whether followed by a suppurating bubo or not, is only a local disease, and does not infect the constitution; and an indurated sore, more especially if accompanied by indurated inguinal glands, does infect the constitution.

"The constitutional manifestations of syphilis, psoriasis, lepra and tubercle follow the primary sore at an uncertain interval of time, ranging from four to ten weeks, the average term being about six weeks.

"Although the evidence tends to the belief in the occasional development of any of these forms of eruption, and other diseases in a given case, the committee have sufficient ground for expressing their opinion, that the dry and painless forms of eruption, viz: psoriasis, lepra and tubercle, but especially the two former varieties, constitute the prominent symptoms following the indurated sore, and that the remainder more commonly follow the varieties of the soft or moist sore.

"Syphilis, in its ultimate form, is capable of affecting every organ of the body. The changes which occur in the inveterate forms of the more advanced stages of syphilis are due to the deposition of a fibro-plastic material in the various tissues of the body. This product appears to be identical with that which, in the so-called "secondary stage," is exuded in the bones, in the glands, on the iris, and indeed in the indurated chancre itself; but is more liable to be found in any structure where areolar tissue exists. In addition to these characteristic and peculiar effects of syphilis, there is a tendency, in those who have long been its victims, to

suffer from degeneration of the tissues of the body; and thus a very frequent cause of the mortality in long-standing syphilis, is a universal fatty or lardaceous decay of the organ.

"Hereditary syphilis is the cause of a number of cases of still-births and abortions, and of well-known changes in the development of the infant. Thus very often the whole body is puny, the forehead projects, the nose is flattened, the skin around the mouth is often puckered from old ulcerations; and lastly, but most important, a peculiar change takes place in the teeth, the incisors being dwarfed in size, narrowed, rounded and notched.

"Period of incubation: Upon the whole the weight of evidence greatly preponderates in favor of the view that there is no definite period of incubation, either for the infecting or non-infecting sore; assuming the term incubation to imply such a uniformity as exists in the period of incubation of other specific diseases, as measles and small pox.

"Date at which the constitution is involved. It is possible that the poison of syphilis may be carried into the circulation from the moment of contact, in whatever manner that is effected; but it is more probable that time is required to this end.

"The mode in which the poison is received into the system is equally doubtful.

"As to the unity or duality of virus. There is probably but one true syphilitic poison exerting its influence upon the soil in which it is implanted, producing various forms of true syphilitic sores, differing in different individuals, modified by health and by constitutions, by locality, and probably by its varying intensity.

"Of thirty-three witnesses, twenty-three asserted that one attack of syphilis gives no future immunity.

"As to relapses, and the period of safety for marriage. The subject admits of division into safety as respects imparting the disease in its ordinary stage to the other sex directly through the medium of secretions, and safety as respects imparting it indirectly through the fœtus to the mother. Some do not admit the former liability, while the majority consider that secondary disease may be imparted through the medium of moist secretion, as from tubercle; but all agree in the belief that a syphilitic father, though presenting no appearance of disease, may beget a syphilitic child, and that that child, through the medium of its blood, may impart the disease to its previously healthy mother.

"Evidence is conclusive to the effect that syphilis may be com-

municated by intercourse during either' of its stages, local or constitutional."

The above is the result of careful and long continued observation and study among a large body of medical men, distributed throughout the British realm, and, as will be perceived, conveys very valuable information on the subject. But that part of the report which has induced me to make this communication to our Society is one on which I have had frequent opportunities of observation during my practice in the army hospitals of British India, viz: the spontaneous generation of syphilis and gonorrhœa, and I propose to illustrate the subject by detailing one well marked case from among a number, which occurred during my practice there.

In the year 1838, while attached to the General Hospital at Calcutta, the seat of government for the province of Bengal, East India, I was consulted by a young gentleman of European birth and education; middle stature; 21 years of age; of nervo-sanguine temperament; of general good health and temperate, though not abstemious habits, and an employee of the East India Company. He complained of a gleet which had troubled him for the previous forty-nine weeks.

He gave the history of his case as follows: "Two years previous to the attack, he had contracted a gonorrhœa from a young Hindoo widow; attended by severe stranguary, dysuria, and hot scalding urine. His disease had resisted the continued use in varying quantities of copaiba balsam mixed with sweet spirits of nitre; the tincture of cantharides; the liquor of potassa and camphor mixed, accompanied with cubeb powders in one-half drachm doses, but said he had taken no mercury.

After a fortnight's severe suffering, he became speedily cured, at the advice of a friend, by using "arrack," or the alcoholic distillation of Bengal rice, diluted with water, mixing one part arrack to three parts of water, and drinking in small quantities three or four times a day. The gonorrhœa having disappeared, was followed by a gleet, attended with a stricture of the urethra, three inches from the orifice.

He said that he had been at particular pains to convince himself, by inspection, that his paramour was perfectly free from any venereal diseases; but what excited my attention was the fact that he had been the last of two persons who had intercourse with the same widow during that particular day. The other individual who had visited her previous to himself, at a not very long interval, he dis-

covered, by the widow's confession to him, to be an acquaintance of his own, and living in the same house. He communicated with the individual, who corroborated the widow's story, but asserted solemnly that he was then, and had been previously, quite free from any disease of a syphilitic or gonorrhœal nature.

These persons having been previously and subsequently known to me. I can assure this Society that their statements proved perfectly correct, for I, at that time, took pains to investigate.

The above is, as I premised, one of several instances that have fallen under my observation during the last thirty years, of spontaneous generation of both gonorrhœa and syphilis, and I have been induced to relate it with a view of eliciting similar ones, which may have occurred in the practice of the members of our school, and which, if illustrated and corroborated by facts, will, when published, as I desire they may be, afford data for the development of the governing law in the pathogency of syphilis and gonorrhœa, the knowledge of which will lead to much practical advantage to the physician, and be an incalculable benefit to humanity, by assisting the one to cure the disease and arrest its ravages on the human constitution, and instructing the other how to avoid its insidious perils.

ARTICLE XXXV.

Case of Genuine Hermaphrodite. By HENRY N. AVERY, M. D.

The case embodied in this report is one that has created considerable interest in the profession, from the nature of the developments being so novel and extraordinary, and from the fact that no analogous case is recorded.

A condensed report of the case has been published in the *Philadelphia Medical and Surgical Reporter* for August 22d, 1868, and the *Medical Investigator* of Chicago for October, 1868. At the solicitation of many friends, I have republished the report, and have particularized more fully parts that were merely referred to, and supplied points that space would not allow. I do not doubt but that a similar case has existed, but thus far I find no evidence of an identical one, nor reference to any case that carries such unmistakable evidence of the existence of a true *testicle;* one in which an operation has settled the question beyond a mere opinion.

It has been asserted by many, and claimed by some, that a condition of nature embodying the two sexes can never exist, although cases have been reported where malformations deformed either the one sex or the other, without adding to either, and making what might appear a hermaphrodite, and have been commonly so called; but I do not think a case is on record where one person has possessed the organs of the male and female organizations in a complete state of development, and where such positive evidence of existence is obtained by an operation.* The *fact* is now demonstrated that such a thing as a genuine hermaphrodite has existed.

In giving the history of the case, I shall give the woman's statement, as near as possible, in her own language.

Christie Ann C—— called at my office (*August 6th*, 1868) to consult me as to her case. She stated that she had recently arrived from Nova Scotia, was visiting a sister in this city, and had intended to visit New York, but was advised to call and see me, for the purpose of obtaining surgical aid. She stated that she was unmarried, twenty-four years of age, five feet ten inches high, enjoying comparatively good health, occupied during the past two years in teaching school, and that she had a growth up on her privates.

Her object in coming to me was, she said, to see if I would remove the tumor, as it annoyed her. The physician at home, the only one to whom she had ever shown it, stated that he could do nothing for her.

From observation I discovered that she possessed a deep, coarse voice, a masculine frame and face; in fact, resembled an ordinary coarse woman.

After a careful examination, to my surprise, I found the following to exist: The mammæ were undeveloped, the chest was full, and the pelvis somewhat contracted for a woman of her size; the clitoris, resembling a penis in flacid state, was two inches long and half an inch in diameter, with well developed gland and foreskin —no orifice was discovered. A vagina two inches deep and well formed, existed; but a close examination per rectum and bladder did not discover any trace of a uterus; the meatus urinarius and vestibule were perfect; the right labium majorum was quite

* Since writing the above I have been informed that about fifteen years ago, a case was reported in the *American Journal of Medical Sciences*, by Professor Ackley, of Cleveland, O., which possessed both sets of genital organs complete. The person menstruated through the penis.

natural and of usual size; the labia minora were traceable: but, in the folds of the left labium there appeared a large pendant tumor, resembling the left testicle of a man, with a well developed scrotum of usual size, of some four inches in length, resembling in every respect the scrotum of a man. Tracing up what appeared to be the cord, I found it made its exit from the external abdominal ring and had every indication of a spermatic cord; the epididymis appeared to be natural; in fact, everything resembled the testicle.

She stated that she felt some sexual desire, and that every morning for the past six years she had noticed a small quantity of blood in the mucus she was in the habit of coughing up.

To my question, as to how long the tumor had existed, she stated that she had noticed nothing of it until she was ten years of age.

Being placed in a somewhat embarrassing position, in discovering so much more than I expected to find, I resolved to call a consultation, to ascertain if my diagnosis of a testicle would be confirmed. Accordingly Drs. I. S. P. Lord, E. H. Parker, and my brother Dr. E. W. Avery, all of this city, were called in, when they all agreed that it resembled in every respect a testicle; but, the case being so extraordinary they could not form any diagnosis, although they advised an operation.

With the assistance of Drs. Lord and E. W. Avery, I proceeded to perform the operation of removing the tumor, by the usual process for castration, *i. e.*, by making an incision of some five inches in length, so as to expose the cord, when three arteries, a nerve, and veins, were found. On severing the cord, the retraction was the same as is usual in performing the operation upon a man. The tumor was then dissected out, the wound partially closed, and the patient placed in bed. Dressings of diluted carbolic acid were used, and in the course of ten days, the ligatures having come away, the wound was found nearly closed. Sixteen days after the operation the patient was able to walk about.

After removal, the tumor was examined by Drs. Lord, E. W. Avery, and several others, with a microscope of high magnifying power, when cellular structure and convoluted tubes were visible, with rudimentary spermatozoa; in fact, everything indicated a testicle. Mounted specimens of the tubes, for the microscope, have been prepared for reference; and photographs of the person are preserved.

Subsequent examinations have proven the nature of the tumor; it has been declared beyond any doubt to be a testicle.

ARTICLE XXXVI.

Case of Abscess of the Neck and Throat. By HENRY N. AVERY, A. M., M. D., Poughkeepsie.

I was called, May 2d, 1868, to see Wm. N——, son of Capt. N——, U. S. A., aged seventeen, cadet at Poughkeepsie Military Academy.

He was attending his school duties, and enjoying, comparatively, a good degree of health, although possessed of a strumous diathesis.

Three years ago, while in Virginia with his father, he had an attack of bilious remittent fever, and since then he had not been as well. At that time he received allopathic treatment.

Last December I attended him in an attack of measles, from which he recovered satisfactorily.

At my visit, May 2d, I found an enlargement, commencing at the mastoid process on the right side, extending three inches down and a little to the front, with a slight degree of tenderness. Mercurius sol.[3] and lachesis[10] were given.

The third day found him much as before; treatment continued.

Fifth day, a slight improvement; treatment continued.

On the seventh day, the tumor appeared to be larger and more diffused, with thickening of the tissue around, and a tendency to assume an erysipelatous appearance. The pulse was 98, thick and compressible.

Eighth day.—The symptoms were all aggravated, with the addition of a sore throat; the fauces appeared to be inflamed, and he complained of a feeling of fullness in his throat, and pain in swallowing.

Ninth day.—About the same, with the addition of two chills; calcarea[3] and sulphur[10] were given.

Tenth day.—Symptoms continued to increase; what appeared to be a tumor had assumed the form of an abscess, extending to the median line of the throat.

Eleventh day.—The surrounding tissue assumed an indurated condition, extending backwards and downwards. He complained of much pain in his right ear. I discovered fluctuation below the mastoid process.

Twelfth day.—About eight o'clock A. M., nature found an opening into the meatus auditorius externus, and two-thirds of a pint of offensive pus was discharged. This day, one hour later, I found him complaining of chilliness, with great prostration and much emaciation.

Thirteenth day.—Found him about the same as on the day previous; the ear continued to discharge freely. At a point below the mastoid process, fluctuation was so evident that I resolved to make a free exit for the matter. Accordingly, in consultation with Dr. A. Hall, of this city, I made a deep incision between the jugular vein and the carotid artery, through the platysma myoides muscle, when, to our surprise, nearly a pint of pus was discharged. This escape of matter did not appear to reduce the size of the enlargement, owing to the great thickening of the surrounding tissue, but the difficulty of swallowing was greatly relieved. A probe could be introduced posteriorily and anteriorily some five inches; also in the direction of the fauces.

Fourteenth day.—Found the opposite side of the neck partaking of the general appearance of the right side, except that pus was not found in sufficient quantity to warrant the introduction of anything but an exploring needle. The difficulty of swallowing continued, and, at intervals, mucus and pus were coughed up, with traces of blood. It was considered probable that the original abcess had made an opening into the fauces.

Fifteenth day.—Very restless the night previous. For the last five days he had been sustained by beef-tea, milk, eggs, and a little stimulus. In order to quiet the pain and procure sleep, it was fonnd necessary to employ morphia.

From the thirteenth day to his decease on the eighteenth, the chills increased in intensity, and a fever set in daily about two o'clock P. M., and continued until ten or eleven, when sleep, pro duced by morphia, usually restored his failing strength.

The seventeenth day found the enlargement of his neck steadily increasing, and on the eighteenth, death closed the scene.

It is rarely the case that the matter from an abscess formed on the neck is so freely discharged through the ear.

ARTICLE XXXVII.

Generalization in Medicine. By EDWARD W. AVERY, A. M., M. D., Poughkeepsie.

We look in vain, through homœopathic literature, for original and systematic investigation in many branches connected with the practice of medicine. Anatomy and physiology are seldom mentioned. Chemistry receives little attention, and pathology is utterly ignored.

The immediate requirements of our profession yield to the theoretical and speculative. Theories unsubstantiated have been advanced *ab libitum*. Polemics occupy a large share of our periodicals. We require more of the *posteriori* and less of the *priori*. Principles spring naturally from the manifestations of nature, rightfully interpreted. Close observers and comprehensive thinkers are few. To advance theories, and substantiate them by facts, as the architect constructs an edifice, will not promote the cause of science, or advance the interests of the profession. Facts interpreted by enthusiasts frequently conform to hypotheses.

Generalization is the cause of this excessive theorizing. The minds of the homœopathic profession have too large a field wherein to operate. Physicians in extensive practice seldom investigate closely. Faithful observations, extending through terms of years, form the only source of nature's laws as applied to the healing art. A few isolated cases rightfully interpreted, or a multitude incompletely observed, may suggest probabilities but cannot reveal principles.

Hahnemann's transcendent genius, it is true, like the lightning flash, beheld a glorious truth. Such intellect, however, is seldom vouchsafed to mortals.

In order to reach definite results we must focalize our thoughts. This can only be accomplished by persistent labor in separate directions. Specialists should spring up. The brain, heart, lungs, urinary organs, each awaits trustworthy scrutinizers. The regulars claimed Galen, Hippocrates, Harvey and Sydenham before the dawn of the nineteenth century, but these were lights which rendered the surrounding darkness apparent.

Not until the last few years has there been a uniform advance. Specialists have given to the school this remarkable impetus. We find in cities the most skillful representatives of the profession, from the fact that certain individuals apply themselves exclusively to the examination of distinct diseases. Political economy and our own experience teach us that perfection must be attained, if at all, through division of labor.

While most of the profession admit the advisability of separate fields of labor, the disciples of the pioneers of the new school ignore the claims of nosology and pathology. They consider themselves the antipodes of the regulars, and consequently discard everything pertaining to the old régime.

Prejudice should not blind the judgment. Classifications of

diseases have been disregarded to our detriment. The remark of Hufeland, that the success of homœopathy would be the grave of medical science, was elicited, doubtless, from the unsystematic proceedings of its followers. Members of the profession claim that names of diseases lead to empiricism in prescribing; that, for instance, pneumonia would be treated as such, not according to its symptoms.

The very process necessary to diagnosticate a disease enables us to closely differentiate its varieties. It may be claimed that allopathists have failed in this particular. True, but they do not consider minor symptoms of any value in the selection of remedies. Again, it is claimed that confusion would result; on the contrary, we think that order would spring from chaos.

Does the classification of the geologist or botanist prove cumbersome? Because botany speaks of roses as a genus, it does not preclude the idea of distinct species. Order, "nature's first law," facilitates analysis. No one will deny that such a malady as typhoid fever exists; as diagnosticians, we recognize it; as prescribers we, inspect the aggregate of symptoms and pathognomonic signs.

Classification of disease allows us to group remedies, and thus better enable us to memorize them. For instance, cholera suggests cuprum, camphor and veratrum; intermittent fever, china, arsenic, eupatorium, natrum muriaticum. The analysis, carried farther, will indicate the remedy for the particular set of symptoms with which we have to deal.

Pathology must receive a share of attention. *Cui bono?* cry some. In selecting our remedies, objective as well as subjective signs should be taken into account. The provings of drugs do not cause lesions, because they cannot be carried sufficiently far without endangering life. Because Hahnemann cured, to the surprise of Hartmann, condyloma with chamomile, it is not proved that the remedy will not produce the same excrescence when administered to certain individuals in given quantities.

Our provings are not thorough. I would rather think, with Bœnninghausen, that a drug, to cure a symptom, must produce it. If disease is not an entity, but an impression made upon the system, producing certain distinct phenomena, then abnormal conditions are known only by the totality of symptoms. The lesion, however, is the least important in selecting remedies, because it is

palpable and readily recognized; only the minute symptoms require close scrutiny.

In carcinoma, we are aware that remedies are selected to cover the symptoms which are manifest previous to the appearance of the tumor. Here, as in every case, the whole history should be taken into account.

Pathology, aside from its importance in the administration of remedies, should be thoroughly studied to perfect us in medical science. Every practioner may not make use of his knowledge of anatomy, yet, as a scientist, he is presumed to be versed in that branch of the profession. On the other hand pathology furnishes the weapons with which we may discomfit the adherents of allopathy. By admitting classification of diseases, we can apply ourselves to special branches. This division will assist us in the study of pathology.

Our colleges are deficient in the important departments of diagnosis, pathology and surgery. Many young men, previous to entering upon a course of homœopathy, graduate at the institutions of the old school.

A true appreciation of the requirements of the profession would prevent this search after "strange gods."

How few names in the United States appear as specialists: Gynecology has few workers and aural surgery has not been touched.

We trust that as homœopathists we may view this subject impartially, and see clearly in what direction improvement lies.

ARTICLE XXXVIII.

Uterine Disease. By Edward W. Avery, A. M., M. D., Poughkeepsie, N. Y.

The best authorities on gynecology state that cervical metritis, complicated with cervical endometritis, yields slowly to topical applications; yet constitutional treatment gives indifferent results.

Were this disease idiopathic, we should effectually cure by the internal use of drugs, but traumatic causes operate to superinduce or aggravate inflammation of the cervix.

The first step in the abnormal process usually is, sagging of the uterus in the pelvis. The unnatural life of the majority of women in civilized countries, tends to weaken all tissues of the body. In consequence, the vagina, the principal support of the uterus,

allows the superincumbent organ, pressed down by tight lacing, to assume an abnormally low position. The cervix, now subject to violence during walking, straining and coition, readily becomes inflamed; ulceration follows.

Cervical metritis, unaccompanied by inflammation of the body of the uterus, seldom occurs as a secondary manifestation of constitutional trouble. This disease frequently exists for years with little inconvenience to the patient. As a consequence of cervical metritis, the nervous system finally becomes involved; the patient complains of weakness, neuralgic pains; a tired feeling in the lower extremeties; dragging down pains about the loins; meteorism before menstrual flow; dysmenorrhœa and menorrhagia. Treating the symptoms will prove merely palliative. That a cure may be effected by simply local treatment, the following case will show:

Mrs. ——, 35 years of age, applied to me, July 26, 1868, and stated, that for six years she had been troubled with "ulcers on the womb;" that the "whites," not constitutional symptoms, first induced her to submit to an examination; that since that time the ulcers have been "burned," but no continued treatment resorted to. During the past two years the patient has suffered with leucorrhœa and menorrhagia; has had drawing pains in the back, headache; meteorism, previous to menstrual period; weakness, trembling and exitable disposition; gulping up of wind; sour eructations; ardor urinæ, and constipation.

A digital examination, made while the patient was supine and her legs flexed upon the thighs, revealed a slight prolapse of the uterus; enlarged, indurated cervix, and a patulous os which admitted the index finger to the os internum.

The cervix around the os externum had a velvety sense of touch; pressure on the neck gave pain. Pressing the uterus between my finger in the vagina and my hand on the abdominal wall, I gave the patient no uneasiness. About the meatus urinarius was slight induration.

Placing the patient in position and using Sim's speculum for elevating the posterior wall, I introduced the sound to the fundus. No pain or flow of blood followed. The presenting surface of the cervix had a red, granular appearance, resembling somewhat freshly cut meat. Everything pointed to the cervix as the seat of the trouble. The internal os was no larger than natural, affording presumptive evidence that the uterus was not diseased.

After thoroughly cleaning the parts with bits of cotton wound upon a whalebone, I applied a solution of nitrate of silver, one half drachm of the salt to one ounce of water, to the canal and granulated surface of the cervix. I directed the patient to remain quiet, and twice daily, to throw luke warm water into the vagina; each douche was to be followed by the application of cotton, soaked in glycerine and tannin, to the cervix.

August 5.—The vaginal flow was thinner and less copious; the granulations were not as prominent, and the cervix was freer from congestion. Prescribed nux vomica[3] for sour eructations, dullness in forehead and trembling; applied chromic acid to canal and surface of cervix; continue the same course of treatment as before.

August 20.—There was no burning during micturition; the flow from vagina much less and thinner; granulations had disappeared, and left a smooth surface; cervix was much softer. Made same application as on August 5; continued nux vomica.

September 1.—Her general health has much improved. The flow has nearly ceased; the canal is much smaller; the ceroix presents a smooth, though somewhat congested appearance. Induration has nearly disappeared. Directed douches to be continued, and ordered cotton, soaked in saturated solution of persulphate of iron, to be daily placed against the cervix.

This case will be cured, without doubt, in the course of a few weeks. Success in many similar cases, has induced me to rely wholly upon local applications.

ARTICLE XXXIX.

Second and Third Annual Report of the Poughkeepsie Dispensary. By HENRY N. AVERY, M. D., Superintendent.

SECOND ANNUAL REPORT.

Attending Physicians and Surgeons—Levi Hubbard, M. D., Henry N. Avery, M. D.

Assistant Attending Physician—Edward W. Avery, M. D.

Consulting Physician—F. C. Vanderburgh, M. D.

Directors—Rev. James L. Corning, Benson J. Lossing, Abraham Wiltsie, G. C. Burnap, Dan. H. Dougliss, Ernst Hoffmann.

To the Directors and Patrons of the Poughkeepsie Dispensary:

Two years have elapsed since the establishment of this institution, and now we are able to present a second annual report,

exhibiting to the directors and our friends the great amount of benefit the poor of this city have derived.

It is well known that in all cities there is a class of citizens that are unable to pay for the services of a physician, preferring to trust to chance rather than call upon the services of one they know they cannot recompense. It is for this class that our Dispensary has been established.

How many children and adults die annually for want of a little timely attention! How many poor creatures suffer because they have no means to procure aid!

It is not only the poor of our city that receive benefit from our hands, but it is the tax-payers and every citizen as well. How many are thus prevented from becoming a burden to the city! And it must be admitted that by early vaccination many cases of small-pox are prevented, thus lessening the tendency to contagion in our city; and, by timely advice and care, many cases of fever are prevented. Therefore, every person is directly interested in this institution; and, by looking after the condition of the poorer classes, much can be done to prevent the spread of disease.

It is hoped that our city fathers will be sufficiently charitable to contribute their "mite" toward the maintenance of an institution that produces so much good.

The number of cases treated the past year hardly reaches that of the previous. The reasons assigned for such decrease, are: the health of the city; the reduced number of cases of intermittent fever; and the retiring of Dr. Hoffmann, many supposing that the Dispensary was closed.

To our patrons, we return many thanks for their generous support; and in behalf of hundreds of the poor we will say, that they will ever hold you in grateful remembrance.

It is earnestly desired that the number of our patrons be increased, in order that we may afford increased facilities.

Hoping for a further continuance of your support, and promising to leave nothing undone that the interests of the institution require,

We remain, respectfully,

LEVI HUBBARD, M. D.
HENRY N. AVERY, M. D.

THE CLAIMS OF HOMŒOPATHY UPON THE COMMUNITY.

By Henry N. Avery, A. M., M. D.

The Directors of this institution, in this their second annual report, deem it important that its claims and the claims of homœopathy upon the community, should be stated somewhat more fully than has heretofore been done.

In presenting the benefits of this system of practice, and in order to illustrate its advantages, it is proposed, for the gratification of our friends and to correct some of the erroneous impressions entertained by those not having thoroughly understood the system, to offer some facts and explanations that can hardly prevent the most skeptical from giving it a trial. Still, our space obliges us to be as brief as possible.

"Evidence signifies that which demonstrates, makes clear, or ascertains the truth of the very fact or point in issue, either on the one side or the other."

"If I have spoken falsely, prove it; if I have spoken truly, why then dost thou smite me?"

The most conclusive evidence that we can offer to those who have not given this system a trial, is to ask them to judge only by its fruits, and if they are not satisfied with the result, do not try it again.

The opponents of homœopathy are not those who have given it a trial; that have proven its advantages by actual experience; and that have tested its merits and demerits.

WHAT IS HOMŒOPATHY?

"Homœopathy (Gr. *omoios*—like, and *pathos*—suffering,) is the title given by Hahnemann to a system of medicine founded upon the law expressed by the Latin formula, *similia similibus curantur*—like cures like; the practical rule deduced from which, as expressed by its founder, is, 'that in order to cure in a mild, prompt, safe and durable manner, it is necessary to choose, in each case, a medicine that will excite in the healthy an affection similar to that against which it is employed.' This is the only principle of homœopathy, and any one who believes that this is a true guide in the selection of remedies, without regard to his views as to the *modus operandi* of the medicine, or the quantity necessary, or the best mode of its preparation, or any other of the numerous questions which exercise physicians, is a homœopathist.

"That this is different from the popular idea, is due to the fact that information has generally been sought or derived from inter-

ested or prejudiced opponents, who are either ignorant of, or desire to misrepresent, a rival system, instead of from those who have investigated and who now practice it."

It is extremely gratifying to an inquiring mind to have some facts and arguments offered in support of a statement that admits of doubt. It is not enough to say that homœopathy is a "humbug." If so, why is it? No! ye opponents of the only true system of medicine, it is neither manly, generous nor honorable, to denounce that which you are not acquainted with; nor is it to be expected that in this age of advancement the liberal-minded and thinking classes of the community are to be fettered down to mere statements, without proper evidence in support of such statements.

What a grand system of "humbug" it must be, to entice within its meshes thousands of practitioners and millions of people.

"Truly, thy power is a mystery."

Where do you find its firm supporters? Is it among those who are deficient in intelligence? Are its friends those who are the most likely to be "humbugged?" Our opponents may answer this.

First promulgated in 1796, seventy years ago, "it has steadily though slowly advanced, encroaching everywhere. step by step, upon the domains of allopathy, receding at no point, ever gaining new adherents in the profession, and never losing one by relapse or retrocession.

What are the principal arguments used by our opponents against the system? There appear to be two.

First, that we use poisonous and more concentrated medicines; and secondly, that there can be no virtue in such small doses. The first is false; the same drugs are used in both schools, the difference being that the homœopathist selects pure, fresh, unadulterated drugs, and administers them in smaller quantity; so, if poisons are used, the large-dose party must bear the responsibilty.

To the second argument the patrons of homœopathy can answer for themselves. "Judge ye by the fruits thereof."

An explanation allopathists give for their modified practice is, that diseases have changed very materially within the past few years. If diseases have become less intense to such an extent as to force the allopathic school to adopt a modified form of treatment, why do they still adhere to the pathological tenets set forth in their old text-books? for certainly the same text-books are now

resorted to that were used years ago. Has Nature changed? or, have old-school physicians?

For years Hahnemann and his disciples suffered all the persecution that skepticism has been able to heap upon them. For years that great scholar, physician and benefactor was persecuted, by day and night, insulted in the streets, mobbed bands disturbing the stillness of the night by their yells and groans before his house; lauded before his conversion, his name now was made a by-word. And so it was in this country, in the dark days of its first introduction. Those truth-loving physicians who had become convinced of its superiority, were insulted and hooted at. The Legislature of Michigan endeavored to make it a penal offense for any one to practice this system; but their designs were frustrated. And so we might go on, showing how the first introduction of homœopathy was treated.

Strange as it may appear, from the dawn of medicine, or the first medical theory, down to the present time, is the fact that in direct proportion to the rationality of a system or theory, or to the marked benefits conferred by it on mankind, comes virulent and unreasonable opposition. It has come to be axiomatic, that of all men reformers are most despised and abused.

Among those who have suffered from medical bigotry, the most noted is William Harvey, who, in the sixteenth century, discovered the circulation of the blood. His discoveries and theories brought upon him the most hateful abuse and destructive opposition, which continued for more than twenty-five years; and students, before they received their diplomas, had to swear that they would not believe in his heresy. But to-day the memory of no man is honored more than that of William Harvey.

In the seventeenth century, Gaspard Aselli and John Pequot were hooted at for the discovery of the lacteals and lymphatics. To-day they are placed amongst the great discoverers in physiology.

In the eighteenth century, Dr. Jenner, the discoverer of vaccination, met with much opposition. Before his death, some even of his enemies contested the honor of his discovery with him.

So it was in the introduction of ether. Many even contended that as God had designed that pain and suffering should follow a violation of nature's laws, it would be sacrilegious to mitigate that pain. How many a poor fellow has been saved by ether! and how much suffering alleviated!

But, compare homœopathy of the past with homœopathy of the

present! Look at the progress it has made! Based upon the foundation of eternal truth, it has steadily and surely advanced, until millions are offering up praise to an All-Wise Providence for bestowing such a boon upon suffering humanity. As its physicians are mostly those who have studied and graduated at the allopathic schools, it is not natural to suppose that, by embracing the system of homœopathy, they have forfeited any of their previous knowledge. On the contrary, by embracing homœopathy they have become armed with a double sword. Homœopathy now stands on the same footing by law, with allopathy; many colleges are dedicated to its teachings; many dispensaries and hospitals are receiving its benefits. The Allopathic State Medical School of Michigan has a Chair of Homœopathy in it; the State prison of Michigan is under the charge of homœopathic physicians; the State hospital of Mississippi, some years ago, was placed under the charge of homœopathic physicians and surgeons. Other States have many public institutions under their charge. During the past summer the trustees of the New York Ophthalmic Hospital transferred the institution over to the charge of homœopathic physicians and surgeons. At Albany, N. Y., and Cleveland, Ohio, there are insurance companies that insure the lives of those treated homœopathically at a reduction of ten per cent from the ordinary rates, deeming the mortality less than under the allopathic treatment.

Look at homœopathy in Europe. The Bavarian Government grants the same privileges in the army to homœopathic surgeons as to those of the other school. In the war between Austria and Prussia they stood on the same footing. The Czar and royal family of Russia employ homœopathic physicians. The Pope, and most of the nobility and bishops of Rome, are patrons of homœopathy. The Queen of Spain employs a homœopathic physician. The Emperor of France is a patron of homœopathy.

There are flourishing homœopathic hospitals in St. Petersburg and Moscow. Five in Austria, three in Hungary, two in Italy, three in Sicily, three in Germany, in France five, and in Spain homœopathy is practised in the general hospital at Madrid. "In England there are dispensaries in all the large cities. At a dedication of a large homœopathic hospital established in London, on authority of the London Times, the Duke of Wellington presiding; in response to a toast to 'The Queen and Prince Consort and the royal family,' Lord Rokesby bore his testimony to the benefits they had derived from homœopathy in the royal family, in the army

and navy, in the expedition along the Niger, and in the Crimea." The Register-General testifies that while the deaths in the allopathic metropolitan hospitals were 76-100 per cent, the deaths in the homœopathic hospitals, including those of cholera, had been but 46-100 per cent.

A LONDON LIFE ASSURANCE OFFICE CONVERTED TO HOMŒOPATHY, BY THE EVIDENCE OF STATISTICS.

"On the 16th of December, 1864, there met together at the Freemasons' Hall, in London, under the presidency of Lord Henry Gordon, a number of individuals in no respect identified with homœopathy, but simply concerned in the promotion of their own pecuniary interests—to consider the bearing of this system of medical treatment on the health and life of the community. The parties referred to are the directors and shareholders of a company, entitled "The General Provident Assurance Company." The object of such institutions is, we need hardly remark, commercial gain; and one of the principal means employed is an investigation, conducted with scientific severity, into the duration of human life, with all the concomitant circumstances which tend to effect the health of individuals and classes.

"Hitherto the actuaries of these valuable institutions have disregarded, and therefore omitted from their calculations, the very important consideration of medical treatment. The keenness of competition, however, which characterizes every department of trade in the present day, and stimulates to their utmost extent the intellectual faculties of our men of business, has at length made itself felt even amongst these very conservative establishments; and, as a consequence, we find, in the case of the General Provident Assurance Company, the actuary directed to make an investigation into the hitherto unexplored region of comparative medical treatment—with what result, it is scarcely necessary to inform the reader.

"To some at least, of the directors of the Provident, this result, no doubt, presented itself in the light of a discovery; to none could it be otherwise than gratifying to learn, that their labor had been rewarded by the acquisition of data capable of being turned to very profitable account, in the following well ascertained facts: That persons treated by the homœopathic system enjoy more robust health, are less frequently attacked by diseases, and when attacked recover more rapidly than those treated by any other system; that with respect to the more fatal class of diseases, the

mortality under homœopathy is small in comparison with that of allopathy; that there are diseases not curable at all under the latter system, which are perfectly curable under the former; finally, that the medicines prescribed by homœopaths do not injure the constitution, whereas those employed by allopaths not unfrequently entail the most serious, and, in many instances, fatal consequences.

"These data obtained, the directors had but one duty to perform, alike to themselves and to their constituents, which was, to summon a meeting of the shareholders, and to lay before them the facts they had collected, and the decision at which they had arrived, viz: 'To open a special section for persons treated by the homœopathic system, at a lower rate of premium than that charged on other lives.' And, without a dissentient voice, this proposition of their directors was adopted by the shareholders of the General Provident Assurance Company.

"Here, then, we have a testimony borne to the great practical value of homœopathy, which nothing can gainsay, against which ridicule and abuse, the only weapons by which we have hitherto been attacked, can avail nothing."—British Journal of Homœopathy.

The subject has been further investigated by insurance men in this country: they have been forced to its examination by an observation of the ever-increasing conquests of homœopathy, especially amongst the highest and best classes of society; and the result is, the establishment of four new insurance companies, the Atlantic Mutual, of Albany, the Hahnemann, of Cleveland, Ohio, the Widows' and Orphans', of St. Louis, Mo., and the Homœopathic Mutual Life, of New York, who insure homœopathists ten per cent less than allopathists.

The following remarks are taken from a circular of the Hahnemann Life Insurance Company:

"It is pretty generally known that there is a difference in the ratio of mortality among persons subject to the same disease, under different modes of medical treatment. To ascertain this difference, and so obtain a basis on which to make-up our mortality table, the actuary of this company collected a large amount of statistics, chiefly in the form of hospital reports, showing the comparative rates of mortality under the two modes of medical treatment—the homœopathic and allopathic. We make the following brief statements:

"1st.—Of every thousand insured persons, only about fourteen, or less than 1½ per cent. die by accidents, and such other causes as may not be influenced by medical treatment.

"2d.—In twenty-one European allopathic hospitals, there was an average mortality of 11 per cent., while in fifteen European homœopathic hospitals the average mortality was less than 6 per cent. In the Convent of Refuge at Marseilles, under allopathic control from 1841 to 1849, there was an average mortality of 5.9 per cent., while in the same institution, under homœopathic treatment, from 1849 to 1854, the average mortality was only 2.9 per cent. In six European homœopathic hospitals, opened for cholera cases, there was an average mortality of 27 per cent., while in one American and eight European allopathic hospitals, for cholera patients, there was an average mortality of 54 per cent.

"This difference in average percentage of mortality under the two modes of practice, holds good in hospital experience generally, in all forms of disease, at all times and in all countries. In private practice the difference is even greater in favor of homœopathy.

"3d.—Parties insured by us, at reduced homœopathic rates, are of the most intelligent and thoughtful classes, observant of hygienic rules, and not disposed to tamper with life by improper medication."

Extracts from circulars and manuals issued by the Atlantic Mutual Life Insurance Company.

MEDICAL TREATMENT AS AFFECTING RATES OF INSURANCE.

"Believing, as we do, that the systems of medical practice as affecting longevity of life are well worthy of consideration by life insurance companies, and basing our calculations upon data in our possession, showing the decreased rate of mortality under the homœopathic system of medicine, we make a deduction of ten per cent from the table rates upon each payment of premium by those habitually using this mode of treatment. In case of medical practice being changed, the same rates will be charged as to those insuring under the other modes of treatment.

"Inasmuch as it is a part of the business of life insurance to investigate with scientific accuracy the causes which tend to shorten human life, and which affect the health of individuals and classes; and as the influence of medical treatment has not hitherto received that attention which, in our opinion, its importance demands, we have prepared statistical tables which demonstrate, with sufficient accuracy for our present purpose, not only the relative superiority of the system of medical treatment adopted by the homœopathic school, but also the following reasonable deductions:

"That practical homœopathists enjoy more robust health.

"Are less frequently attacked by disease.

"When attacked recover more rapidly than those treated by any other system.

"That the mortality in the more fatal forms of disease is small compared with that under allopathic treatment.

"That many diseases that are incurable under any other system are curable under homœopathic treatment.

"While this evidence, the best we are able to procure, indicates a reduction of mortality of at least fifty per cent, it does not follow that the mean duration of human life will be proportionately lengthened. We do claim, however, that by means of these superior advantages, such an increase of longevity will result as to fully authorize the annual reduction of ten per cent from the premium paid by practical homœopathists, thus proving this measure to be a wise and equitable arrangement.

"And finally, that inasmuch as only the safest and most desirable risks will be taken, and as all who insure upon the reduced rates will participate in the advantages of increased longevity, resulting from improved medical treatment, it is obvious that the losses will be proportionably diminished, the return profits increased, and hence, the inducements offered are greater than those hitherto proposed by any life insurance company."

Tables showing the percentage of comparative superiority of homœopathic over allopathic medical treatment, prepared and issued by the Atlantic Mutual Life Insurance Company, are published, by permission of the officers of the company, in the fifth volume of the Transactions of the Homœopathic Medical Society of the State of New York, pages 222–35, 1867.

Truly, what a "humbug" this has grown to be! The only fear appears to be, with our allopathic brethren, that its jaws are so wide it will swallow everything before it. Some of the societies of the other school have decided that no member shall consult with homœopathic physicians, fearing, probably, that if they get a taste of it, they may want more; thus condemning without allowing themselves to know.

"If men who differ in opinion are to hold no intercourse with each other, how are errors in judgment to be corrected?"

During the war nearly 2,000,000 signatures from the States of Pennsylvania, Wisconsin, Massachusetts and New York, were sent to the Government requesting the introduction of homœopathy

into the army, but the old school influence was too deeply rooted to allow of such a change at once, although many homœopathic physicians were admitted into the army and navy.

"The Governor of Ohio wrote to the U. S. Surgeon-General, inquiring whether the Ohio regiments could choose between homœopathic and allopathic surgeons or not. This was in 1861. His reply was: 'No, I'll see them in hell first.' Without doubt, hundreds of the poor fellows have been 'damned,' as the correspondence growing out of Surgeon-General Hammond's celebrated 'Calomel Tartar-Emetic Order' goes to show."

It is no more than justice that they should give us credit, at least, for having modified their own form of practice somewhat. If not, why have they ceased bleeding, vomiting, purging, blistering, and torturing their patients, to a great extent?

It is now estimated that nearly forty per cent. of the taxable property in the State is owned by the patrons of homœopathy; and the time is drawing near when our State must place homœopathy on the same footing in all of her public institutions.

The following is taken from a circular of the Hahnemann Life Insurance Company:

HOSPITAL REPORTS, SHOWING THE DIFFERENCE IN THE RATIOS OF MORTALITY UNDER THE TWO MODES OF MEDICAL TREATMENT.

1.—*Allopathic.*—In sixty-four hospitals, in Europe, from 1796 to 1840, the average rate of mortality, with all diseases, was from 9 to 10 per cent.

In three of our largest American hospitals, viz: The Massachusetts General Hospital, from 1835 to 1855; the New York City Hospital, from 1792 to 1855; the Bellevue (New York) Hospital, from 1852 to 1856, the average mortality was 10 per cent.

Homœopathic.—In fifteen homœopathic hospitals in Europe, from 1834 to 1856, the average rate of mortality was 5 to 6 per cent.

In six European homœopathic hospitals, from 1832 to 1840, the average mortality was from 4 to 5 per cent.

2.—*More Direct Comparison.*—In the hospital of Gyongyos, Hungary, five years under allopathic treatment, average mortality, 15 to 16 per cent.; eleven years under homœopathic treatment, to 1855, mortality 9 to 10 per cent.

In the city of London, 1850 to 1856, St. George's allopathic hospital, average mortality 18 per cent; London homœopathic hospital, average mortality 4 to 5 per cent.

In Hospital of St. Marguerite, Paris 1849, '50, '51—allopathic wards, average mortality 11 to 12 per cent; homœopathic ward, average mortality 8 to 9 per cent.

In the St. Louis (Missouri) hospital, under allopathic treatment in 1864, the mortality was over 12 per cent. In the Cavalry Bureau hospital (homœopathic), at St. Louis, Missouri, under the care of Dr. Franklin, in 1864, the mortality was only 6-10ths of 1 per cent.

HOSPITAL REPORTS, SHOWING THE COMPARATIVE RATES OF MORTALITY, FROM SPECIAL DISEASES, UNDER THE TWO MODES OF TREATMENT.

1.—CHOLERA.

Allopathic.—In 13 English hospitals, during 1849 and 1854, the average rate of mortality was 43 per cent. The Register-General reported to the British Parliament the rates of mortality from cholera, in the Metropolitan districts in 1854, as follows: In hospitals 51 per cent; and in private practice 42 per cent. In one American and eight European hospitals, in the years 1831, 1849, and 1854, the average mortality from cholera was 54 per cent. The General Board of Health of Edinburgh and Leith, Scotland, reported the rate of mortality from cholera, from October 4th, 1848, to February 1st, 1849, as over 66 per cent. In Russia, Hungary, Vienna, and Bordeaux, during 1830 and 1831, the mortality from cholera, under allopathic treatment, was 34 per cent.

Homœopathic.—In six European homœopathic hospitals, during the years 1834, 1849, and 1852, the rate of mortality from cholera was 27 per cent. In the London homœopathic hospital, in 1854, the rate of mortality from cholera was less than 19 per cent. Dr. MacLoughlin, Government Medical Inspector, reported to the British House of Commons, in 1855, that the rate of mortality from cholera, under homœopathic treatment, in 1854, was less than 17 per cent. In the United States, during the prevalence of cholera in 1831-2, 1849, and 1854, the average rate of morality, under homœopathic treatment, did not exceed 10 per cent.

Taking an average of the foregoing rates, we find the following results: Mortality under allopathic treatment, 43 per cent; mortality under homœopathic treatment, 18 per cent.

2.—YELLOW FEVER.

Allopathic.—In 1853, in the Mississippi State Hospital, at Natchez, the rate of mortality was 55 per cent. Dr. LaRoche, a

prominent allopathic writer, says the average mortality from yellow fever is not less than 29 per cent. In 1858, when the yellow fever visited Staten Island, the rate of mortality was 19 per cent.

Homœopathic.—In Natchez, during 1853, '54, '55, Drs. Davis and Holcomb treated a large number of cases, and lost less than 6 per cent. In New Orleans, in 1863, under homœopathic treatment, the rate of mortality was less than 10 per cent. In Barbadoes, Havana and at Norfolk, under homœopathic treatment, the mortality averaged 10 per cent.

Taking an average of the foregoing rates, we find the following result: Mortality under allopathic treatment, over 34 per cent; under homœopathic treatment, 9 per cent.

3.—TYPHUS FEVER.

Allopathic.—In the Vienna General Hospital, 1850, '51, '52, the rate of mortality was over 21 per cent. In the St. Louis City Hospital (Missouri), the mortality in 1864, from typhoid fever, was 70 per cent.

Homœopathic.—In the Vienna homœopathic hospital, 1850, '51, '52, the rate of mortality was less than 11 per cent. In the Cavalry Bureau hospital, at St. Louis, under Dr. Franklin, in 1864, the mortality was 5.1 per cent.

4.—PNEUMONIA.

Allopathic.—In the Vienna general hospital, 1850, '52, '53, the rate of mortality was from 21 to 22 per cent. Of 1,522 cases treated, collectively, in the Glasgow infirmary, the Vienna general hospital, and by Drs. Walshe, Taylor and Peacock, of London, the rate of mortality was 24 per cent. Of 107 cases treated by Louis, the rate of mortality was 30 per cent. Of 1,470 cases reported by Grissolle, from various allopathic authorities, the rate of mortality was 23 per cent. Of 75 cases treated by Bouillaud, the rate of mortality was 14 to 15 per cent.

The average of these ratios we find to be over 22 per cent.

Homœopathic.—In the Vienna homœopathic hospital, 1850, '51, '52, the rate of mortality was from 6 to 7 per cent. Of 783 cases treated in the German homœopathic hospital, the rate of mortality was from 5 to 6 per cent. Under the treatment of Dr. Henderson, of Edinburgh, and Dr. Tessier, of Paris, the rate of mortality was 6 per cent.

The average of these ratios we find to be 6 per cent.

REPORTS FROM ORPHAN ASYLUMS, SHOWING THE DIFFERENT RATIOS OF MORTALITY UNDER THE TWO MODES OF MEDICAL TREATMENT.

Allopathic.—The New York orphan asylum, for ten years, ending 1852, also for 1853, '54, had a mortality of over 1.7 per cent. In the Roman Catholic orphan asylum, for ten years, ending 1852, also for 1853, '54, the mortality was over 1.4 per cent. In Lake and Watt's orphan asylum, for ten years, ending 1852, also, 1853, '54, the mortality was over 1.8 per cent. In the Nursery, at Randall's Island, 1853 to 1857, 5.7 per cent. In the Colored orphan asylum, for ten years, ending 1852, also for 1853, '54, the rate of mortality was 6 per cent. In the Northern Home for Friendless Children, at Philadelphia, from 1853 to 1857, the rate of mortality was 2 per cent. The average of all these ratios we find to be over 3 per cent.

Homœopathic.—The Protestant Half-Orphan asylum, of New York, for ten years, ending 1852, also for 1853, '54, had a mortality of 68-100 of 1 per cent. In the Northern Home for Friendless Children, Philadelphia, from 1857 to 1854, the mortality was 1 per cent. In the Home for Friendless Children, New York, from 1853 to 1857, the mortality was 2.4 per cent.

The average of the homœopathic rates we find to be 1⅓ per cent.

RECAPITULATION—PER CENT OF MORTALITY.

	Allopathic.	Homœopathic.
In all diseases in hospitals	10	5
In cholera do	48	18
In yellow fever do	34	9
In typhus fever do	45	8
In pneumonia do	22	6
In orphan asylums, all diseases	8	1⅓

Hospitals and dispensaries are now established, or being established, for homœopathic practice, in all the important cities of the world. The very gratifying reports, issued from those already in operation, have broken through the narrow boundaries of public prejudice, and must soon overcome the last obstacles laid in the way by professional jealousy."

"These results give an inadequate idea of the superiority of homœopathic treatment, for they say nothing of the duration of treatment. If it cures so many more, is it not probable that it cures more speedily?

Extracts from Annual Report of the Inspectors of the Michigan State Prison.

It is now three years since the authorities of the prison adopted homœopathy as the treatment in the prison hospital. A few facts from the hospital record will show some of its fruits in the prison:

"During the years 1857, '58 and '59, under allopathic treatment, there were thirty-nine deaths, over 23,000 days' labor lost by sickness, and $1,678 expended for hospital stores. The average number of convicts in prison during the three years was 435.

"During the years 1860, '61, and '62, the average number of prisoners was 544, being 109 more than the preceding years, and yet there were only twenty deaths. There were less than 10,000 days' labor lost by sickness, and less than $500 expended for hospital stores. The amount saved to the State during these three years can readily be estimated, but the value of lives saved, and the amount of suffering alleviated, are inestimable."

That the contrast may be more apparent, we place the results in tabular form:

	Average No. Prisoners.	Deaths.	Days labor lost.	Cost Medicines.
Three years of allopathy...	435	39	23,000	$1,668
Three years of homœopathy,	544	20	10,000	500

Those who are not satisfied it is worthy a trial must certainly be of a class similar to those of whom it was remarked, "Neither would they be persuaded, though one rose from the dead."

What, then, are the advantages to be claimed for homœopathy? They may be stated briefly as follows:

"1st.—A greater chance of escaping death.

"2d.—A more speedy recovery, which is a diminution of suffering, and an economy of time.

"3d.—A more simple and agreeable treatment.

"4th.—A freedom from liability to subsequent ill consequences.

"I present it (the homœopathic law) as a fact, supported by sufficient evidence, and to assail it as such will be found a task more difficult than to criticise speculations, however ingenious.

"The question is thus simplified, and reduced to an alternative. Either the thing is true, or the testimony is false.

"The medical evidence in support of the truth of homœopathy is such, that it is impossible to withhold our assent to this testimony of the number, the ability, and the integrity of the witnesses.

"So far as I have yet learned, every medical man who has thus experimentally examined the subject with candor and persever-

ance, has seen and acknowledged the confirmation, in his own hands, of the truth of the statement. Nothing remains but for others to pursue a similar course; but if men will not look through Galileo's telescope, it is not surprising if they do not see Jupiter's moons."—Dr. Wm. Sharp, F. R. S.

REPORT OF CASES TREATED AT THE POUGHKEEPSIE HOMŒOPATHIC DISPENSARY, FOR THE YEAR ENDING NOVEMBER 20, 1867.

Form of Diseases.	No. of cases.	Cured.	Relievd.	Result unkn'n.	Died.	Under treatm't.	Male.	Fem.
Abscess	8	8	....	....	....	....	3	5
Amenorrhœa	17	15	....	....	....	2	....	17
Anasarca	1	1	....	....	....	....	1	....
Anus, prolapsus	1	1	....	....	....	....	1	....
Aphonia	1	1	....	....	....	....	....	1
Asthma	4	3	1	....	....	....	1	3
Bronchitis, acute and chronic	22	16	2	1	....	3	14	8
Bright's disease	1	....	....	....	1	....	1	....
Burn	3	3	....	....	....	....	2	1
Carbuncle	1	1	....	....	....	....	....	1
Carditis	3	2	....	....	....	1	2	1
Caries	1	1	....	....	....	....	....	1
Constipation	16	13	1	....	....	2	6	10
Crusta lactea	7	4	1	....	....	2	2	5
Catarrh nasalis	11	10	1	....	....	....	4	7
Cephalalgia	5	4	....	....	....	1	1	4
Cholera infantum	2	2	....	....	....	....	1	1
Cholera morbus	11	11	....	....	....	....	2	9
Conjunctivitis	15	12	2	....	....	1	6	9
Cynanche	4	4	....	....	....	....	1	3
Cystitis	1	....	1	....	....	....	....	1
Deafness	3	....	3	....	....	....	....	3
Dementia	2	1	....	....	....	1	1	1
Diarrhœa	22	21	....	1	....	....	8	14
Dentition	1	1	....	....	....	....	....	1
Diphtheria	6	6	....	....	....	....	4	2
Dislocation	2	2	....	....	....	....	2	....
Dysmenorrhœa	5	4	....	....	....	1	....	5
Dyspepsia	42	33	4	1	....	4	12	30
Dysentery	4	4	....	....	....	....	2	2
Dysuria	1	1	....	....	....	....	....	1
Enteritis	2	2	....	....	....	....	1	1
Enuresis	3	2	1	....	....	....	2	1
Epistaxis	3	3	....	....	....	....	2	1
Erysipelas	9	6	....	....	....	3	4	5
Fistula	1	1	....	....	....	....	1	....
Fever, intermittent,	71	64	1	....	....	6	28	43
Fracture	1	1	....	....	....	....	1	....

Form of Diseases.	No. of cases.	Cured.	Relieved.	Result unkn'n.	Died.	Under treatm't.	Male.	Fem.
Furunculus	1	1	....	....	....	....	....	1
Felon	2	2	....	....	....	....	2	1
Gastritis	6	5	....	....	....	1	2	4
Gonorrhœa	2	2	....	....	....	....	2	....
Gravel	2	2	....	....	....	....	1	1
Hæmaturia	1	1	....	....	....	....	1	....
Helminthiasis	33	33	1	....	....	....	10	23
Hæmorrhoids	1	....	....	....	....	....	....	1
Hemicrania	3	2	1	....	....	....	1	2
Hepatitis	1	1	....	....	....	....	1	....
Hernia	1	1	....	...	....	....	1	....
Herpes	6	5	....	....	....	1	3	3
Hysteria	3	2	1	....	....	....	....	3
Influenza	41	38	....	....	....	3	23	18
Laryngitis	2	2	....	....	....	....	1	1
Leucorrhœa	5	2	1	....	....	2	....	5
Marasmus	2	1	....	....	1	....	1	1
Menorrhagia	8	6	1	....	....	1	....	8
Menopesia	1	1	....	....	....	....	....	1
Nephritis	1	1	....	....	....	....	1	....
Neuralgia	16	13	3	....	....	....	4	12
Opthalmia	2	2	....	....	....	....	1	1
Otorrhœa	1	1	....	....	....	....	....	1
Odontalgia	4	4	....	....	....	....	3	1
Paralysis partialis	2	1	1	....	....	....	1	1
Parotitis	2	2	....	....	....	....	1	1
Pericarditis	3	1	1	....	....	1	1	2
Periostitis	1	1	....	....	....	....	....	1
Pertussis	1	1	....	....	....	....	1	....
Phthisis	4	....	2	....	1	1	1	3
Pleurisy	3	3	....	....	....	....	2	1
Pneumonia	4	4	....	....	....	....	1	3
Poison	2	2	....	....	....	....	1	1
Psoriasis	30	24	....	....	....	6	14	16
Rheumatism	33	24	4	...	....	5	15	18
Rubeola	12	12	....	....	....	....	7	5
Scrofula	8	2	3	....	....	3	3	5
Scarlatina	2	2	....	....	....	....	....	2
Scabies	1	1	....	....	....	....	....	1
Spasm	3	3	....	....	....	....	2	1
Spermatorrhœa	2	2	....	....	....	....	2	....
Spine, irritation	2	....	2	....	....	....	1	1
Sprain	12	11	....	....	....	1	10	2
Synovitis	1	....	1	....	....	....	....	1
Syphilis, primary	1	1	....	....	....	....	1	....
Syphilis, secondary,	7	5	....	....	....	2	4	3
Syphilis, tertiary	1	....	1	....	....	....	1	....
Teeth extracted	61	61	....	....	....	....	33	28
Tonsilitis	11	11	....	....	....	....	6	5

Form of Diseases.	No. of cases.	Cured.	Relieved.	Result unkn'n.	Died.	Under treatm't.	Male.	Fem.
Tumor, encysted	1	1	....	....	....	....	....	1
Ulcer, indolent	5	3	2	....	....	....	3	2
Uterus, anteversion,	3	....	3	....	....	....	....	3
Uterus, retroversion	2	....	2	....	....	....	....	2
Uterus prolapsus	3	1	2	....	....	....	....	3
Uterus, ulceration	2	2	....	....	....	....	....	2
Vaccination	18	18	....	....	....	....	8	10
Varicella	4	4	....	....	....	....	1	3
Vaginitis	2	2	....	....	....	....	....	2
Veins, varicose	2	....	....	....	....	2	1	1
Vertigo	4	4	....	....	....	....	1	3
Wounds, contused	8	7	....	....	....	1	6	2
Wounds, incised	2	2	....	....	....	....	2	....
Warts	1	1	....	....	....	....	....	1
Total	724	612	49	3	3	57	302	422

THIRD ANNUAL REPORT

OF THE POUGHKEEPSIE DISPENSARY, FROM OCTOBER 1st, 1867, TO OCTOBER 1st, 1868.

Attending Surgeon—Henry N. Avery, M. D., residence 55 Noxon street.

Resident Physician—Edward W. Avery, M. D., residence 222 Union street.

Directors—Rev. James L. Corning, Abraham Wiltsie, Tristram Coffin, Benson J. Lossing, G. C. Burnap, Henry N. Avery.

This Dispensary was incorporated January 27, 1867.

OFFICERS.

President—Rev. James L. Corning.

Secretary—Edward W. Avery.

Superintendent and Treasurer—Henry N. Avery.

The Dispensary is open from 2 P. M. to 4 P. M. daily, for the medical treatment of those persons unable to pay for the services of a physician.

To the Directors and Patrons of the Poughkeepsie Homœopathic Dispensary:

Three years have elapsed since the establishment of this institution, the incorporation taking place a year later. And now we have the pleasure of announcing to our patrons the result of our labor for the past year, hoping thereby to stimulate our friends to renewed effort in the continuance of an institution that accomplishes so much good at so slight a cost.

To this date, nearly three thousand cases have been treated, with only four deaths, a success that augurs well for homœopathy.

The expenses of the dispensary have been defrayed by private contributions. We find at the end of the year a deficiency remains that we are in hopes of making up soon.

It is hoped that the State and city will contribute something toward the maintenance of an institution that is affording so much relief to the sick poor.

We are in hopes that the State will appropriate a sum that will pay for the services and time of a resident physician, as it is impossible to obtain such services without a small compensation; and then, if our friends will supply the means for defraying the current expenses of the year, we shall be able to go on with the work with renewed vigor.

The past year exceeds in number of patients treated any previous year, showing how the poor appreciate the opportunities afforded them for obtaining medical relief.

To our patrons we return many thanks for their generous support, and in behalf of thousands of the poor we will say that they will ever hold you in grateful remembrance.

It is earnestly desired that the number of our patrons be increased, in order that we may afford increased facilities.

Hoping for a further continuance of your support, and promising to leave nothing undone that we can do,

We remain, respectfully,

HENRY N. AVERY, M. D.
EDWARD W. AVERY, M. D.

Progress of Homœopathy.

The number of homœopathic physicians in the United States, at present, is about four thousand.

There are four life insurance companies in successful operation in the United States, that insure the lives of those treated homœopathically ten (10) per centum off, from the old allopathic rates, experience showing that those treated by the homœopathic system live longer, have a more speedy recovery, and a greater freedom from subsequent ills.

These companies, during the past year, have met with unusual success. They are, the Atlantic Mutual, of Albany, N. Y.; the Hahnemann, of Cleveland, O.; the Homœopathic Mutual Life, of New York city, and the Widows and Orphans, of St. Louis, Mo.; all safe and reliable companies, with the most substantial men for officers and directors, to be found in the country.

The Trustees of the New York Ophthalmic Hospital have transferred the institution into the hands of homœopathic surgeons and physicians.

A new Homœopathic Medical College has been organized during the past year, in the city of Philadelphia; making in all eight Homœopathic Colleges in the United States.

The regents of the Michigan University, at Ann Arbor, have appointed a Chair of Homœopathy.

New Dispensaries have been established throughout the country.

Efforts are being made to give other institutions the benefit of the system.

Report of cases treated at the Poughkeepsie Homœopathic Dispensary, for the year ending October 1, 1868.

Form of Diseases.	Number of cases.	Cured.	Relieved.	Result unk'n.	Died.	Under tr'tmt.	Male.	Fem.
Abscess	6	6	....	....	....	....	2	4
Amenorrhœa	14	12	2	....	....	....	....	14
Anasarca	2	2	....	....	....	....	1	1
Asthma	2	....	2	....	....	....	....	2
Bronchitis, acute, and chronic	64	52	8	....	....	4	35	29
Bright's disease	1	....	1	....	....	....	1	....
Burn	3	3	....	....	....	....	1	2
Carbuncle	1	1	....	....	....	....	....	1
Carditis	5	....	3	....	....	3	....	5
Cancer	5	....	5	....	....	....	....	5
Constipation	53	40	5	....	....	8	14	39
Crusta lactea	2	2	....	....	....	....	1	1
Catarrh	34	12	15	....	....	7	17	17
Cephalalgia	20	18	2	....	....	....	2	18
Cholera morbus	10	10	....	....	....	....	1	9
Conjunctivitis	1	1	....	....	....	....	1	....
Cynanche	3	3	....	....	....	....	1	2
Cystitis	5	2	3	....	....	....	....	5
Deafness	3	....	3	....	....	....	....	3
Diarrhœa	27	27	....	....	....	....	13	14
Dentition	5	5	....	....	....	....	3	2
Diphtheria	1	1	....	....	....	....	1	....
Dislocation	1	1	....	....	....	....	1	....
Dysmenorrhœa	7	4	2	....	....	1	....	7
Dyspepsia	74	60	10	....	....	4	24	50
Dysentery	5	5	....	....	....	....	1	4
Dysuria	2	2	....	....	....	....	....	2
Enteritis	1	1	....	....	....	....	1	....
Enuresis	4	4	....	....	....	....	3	1
Epistaxis	3	3	....	....	....	....	3	....
Erysipelas	19	19	....	....	....	....	8	11
Fever intermittent,	65	60	....	....	....	5	24	41

Form of Diseases.	Number of cases.	Cured.	Relieved.	Result unk'n.	Died.	Under tr'tmt.	Male.	Fem.
Furunculus.....	2	2	....	...	....	....	1	1
Felon	5	5	....	....	....	....	1	4
Gonorrhœa.....	2	2	....	....	....	....	2	....
Gravel	1	1	....	....	....	....	....	1
Helminthiasis	25	25	....	....	....	....	10	15
Hæmorrhoids	6	5	1	....	....	....	1	5
Hemicrania	5	5	....	....	....	....	2	3
Hepatitis.....	8	5	1	....	....	2	4	4
Herpes	57	54	....	....	....	3	21	36
Hysteria.....	4	4	....	....	....	....	....	4
Influenza	42	42	....	....	....	....	13	29
Laryngitis.....	1	1	....	....	....	....	1	....
Leucorrhœa	3	2	1	....	....	....	....	3
Marasmus.....	1	1	....	....	....	....	....	1
Menorrhagia	8	5	1	....	....	2	1	7
Neuralgia	17	12	4	....	....	1	3	14
Opthalmia..... ..	6	6	....	....	....	....	2	4
Odontalgia	5	5	....	....	....	....	....	5
Paralysis.....	6	2	3	....	....	1	2	4
Pertussis.....	10	....	10	....	....	....	5	5
Phthisis	12	....	12	....	....	....	4	8
Pleurisy	3	3	....	....	....	....	2	1
Pneumonia.....	1	1	....	....	....	....	1	....
Poison	1	1	....	....	....	....	1	....
Psoriasis.....	10	10	....	....	....	....	1	9
Rheumatism	32	24	6	....	....	2	9	23
Rubeola.....	21	21	....	....	....	....	15	6
Scrofula.....	7	4	3	....	....	....	4	3
Scarlatina.....	1	1	....	....	....	....	1	....
Scabies	9	9	....	....	....	....	3	6
Sprain.....	9	9	....	....	....	....	5	4
Syphilis, primary..	3	3	....	....	....	....	1	2
Syphilis, secondary	14	4	10	....	....	....	6	8
Teeth extracted...	52	52	....	....	....	....	22	30
Tonsilitis	3	3	....	....	....	....	....	3
Tumor.....	7	7	....	....	....	....	6	1
Typhoid	1	1	....	....	....	....	1	....
Ulcer.....	5	5	....	....	....	....	2	3
Uterus, prolapsus,	3	....	3	....	....	....	....	3
Uterus, ulceration,	5	3	2	....	....	....	....	5
Vaccination	1	1	....	....	....	....	1	....
Varicella.....	1	1	....	....	....	....	....	1
Veins, varicose....	5	....	5	....	....	....	2	3
Vertigo	2	2	....	....	....	....	....	2
Wounds, contused,	16	16	....	....	....	....	5	11
Wounds, incised..	5	5	....	....	....	....	4	1
Wounds, punctured	1	1	....	....	....	....	....	1
Warts.....	2	2	....	....	....	....	2	....
Total.....	894	728	123	....	....	43	324	570

ARTICLE XL.

Necrological Report. Biographical Notices of the late Dr. M. J. Whitton; the late Dr. J. F. Merritt, and the late Dr. F. C. Vanderburg. By JOHN HORNBY, M. D., of Poughkeepsie.

Milo James Whiton was born at Lee, in Berkshire county, Mass., March 27, 1805. He studied medicine with his brother, Dr. Lyman Whiton, and also at Berkshire Medical College with Dr. L. Hubbard of this city. He practiced medicine for twenty-five years, seventeen years of which time he was a homœopathic physician.

Although a delicate constitution, he is said by his friends, to have been of an ambitious and active disposition, which he evinced during his studies; pursuing them for three months, while lying on his back disabled by disease. Though never enjoying good health, he was always ready to relieve the sufferings of others. The poor and rich shared equally his philanthropy.

He was of a kind and cheerful temper, which endeared him to his friends and patients. He was successful in the treatment of chronic diseases, to which he paid most attention; and particularly to the use of the galvanic battery in combination with his prescriptions of medicine. He had formerly practiced in Saratoga county, where his abilities were much appreciated, and his removal to Brooklyn, N. Y., regretted by his friends and patients.

He practiced in the latter city four years, when his preference for a country life induced him to remove to Fishkill village in this county.

In his religious principles, was a Methodist, of which denomination he was an active and useful member for the last sixteen years of his life.

He died of disease of the heart on the 15th day of December, 1867, after a short and sudden illness. He has left a widow and three sons to lament their irreparable loss.

Jesse F. Merritt, M. D., was born in the town of Hyde Park, Dutchess county, N. Y., on the 22d of January, 1831. He acquired his education in the schools of his native place, and commenced the study of medicine in 1848, with Drs. Platt and Nelson, of Rhinebeck, in this county.

At the recommendation of Dr. Vanderburg, he subsequently removed to New York city, and graduated in the College of Physicians and Surgeons in the year 1852. After this he married, and established himself in practice at Hyde Park, his native vil-

lage, but removed, in 1854, to Rhinebeck, at the solicitation of his preceptors, Drs. Platt and Nelson, with whom he entered into professional copartnership.

In 1855 he was forced to leave practice, and travel to the Southern States for his health, which became impaired by an attack of hemorrhage from the lungs. In 1856 he returned to Albany, and resided there with his family till the following winter, when, his health being much improved, he returned to this county, and located himself at Pleasant Plains, establishing an extensive and lucrative practice, remaining there till the time of his death.

His health for several years had been in a declining condition, and in August, 1866, it failed so much as to force him to retire from active practice. He was under the medical treatment of his friend Dr. Vanderburg during most of the last winter, but in the spring following improved so as to ride in visiting his patients, which he continued to do until about three weeks before his death, when he slowly and steadily declined until he expired on the 30th day of March, 1868.

In 1855 he investigated homœopathy, at the instance of his former partners. The result was his adoption of the practice. This was continued, with their approbation, until the dissolution of copartnership in the fall of 1855, on account of ill health, and he continued so to practice till his demise.

Dr. Merritt was, at the instigation of the Secretary of the State Society, H. M. Paine, M. D., the chief promoter of our county society organization in 1861.

He was at all times zealous to promote its interests, and was one of its most able and valuable contributors.

STATEMENT BY REV. A. P. STOCKWEEL.

The medical fraternity will be pained to learn of the death of Dr. Jesse F. Merritt, which occurred at his late residence, Pleasant Plains, Dutchess county, N. Y., March 30, 1868, in the 38th year of his age. His life, though short, was not spent in vain. He has left behind him a name honored and respected by all who knew him.

Dr. Merritt was born in the town of Hyde Park, Dutchess county, N.Y., Jan. 22d, 1831. Death soon left him an orphan. His early life was intrusted to the care of an uncle, Mr. Jesse Frost, of Clinton, Dutchess county, N. Y., who greatly loved him, and was loved as a father in return.

He enjoyed the privileges of the district schools of his neighborhood until he was of suitable age, when he was sent to the academy at Rhinebeck, and afterwards to the Academy at Poughkeepsie. He pursued the study of the classics under the private instruction of Rev. Albert G. Traver, D. D., late of Poughkeepsie. He made rapid progress in his studies, and we find him, in April, 1848, entering upon the study of medicine in the office of Messrs. Platt and Nelson, of Rhinebeck. He was then in his seventeenth year. In October of the same year he went to New York and attended his first course of lectures at the "College of Physicians and Surgeons," then located in Crosby street, now in Twenty-third street.

He remained at Rhinebeck as a student until March, 1851. He then passed an approved examination, but not yet being of age, could not lawfully receive his diploma. In April, 1851, he united with the Reformed Dutch Church, of Franklin street, under the care of Rev. Dr. Hardenburg. In January, 1852, he received his diploma, and upon the 8th of the same month was married to Miss Mary F. Conrad, a very worthy young lady, then of Rhinebeck, to whom he had long been attached.

He then entered upon the practice of medicine in Hyde Park, where he made many life-long friends; became connected with the Reformed Church there, under the pastoral care of Rev. Wm. H. Ten Eyck. After a steadily increasing practice of three years in Hyde Park, he yielded to the earnest solicitation of his former preceptors, Messrs. Platt and Nelson, of Rhinebeck, and entered into partnership with them in the spring of 1854. In the early part of 1855 he was severely attacked with hemorrhage of the lungs, and for the benefit of his health he left in the fall of 1855 for Jacksonville, Florida. Here his gentlemanly deportment and pleasing address gave him practice at once among some of the first families of the place. But as spring opened his health having improved, he longed once more for the "land of Freedom" and the dear friends he left at the North. So we find him spending the summer of 1856 in the city of Albany, but in November, finding himself quite strong again, he removed, with his family, to Pleasant Plains, which remained his residence till God removed him to a "better country."

For the last two years his health has been gradually failing, and yet when able to ride he always responded to the call of the suffering. When confined to his room he was often exhausted by

the large amount of office work which seemed to demand his attention, and but the week before he died, while himself under great suffering, was ministering to the relief of others by his prescriptions and advice.

His profession gave him extended acquaintance. His public and private character stood above reproach.

To his country he was ever loyal, devoted to her interest in her time of deepest peril, and always praying for her unity and safety.

As a citizen, he was public spirited, and a firm believer in the law of progress.

As a physician he was eminently successful and greatly beloved. There almost seemed to be a healing power in his kind words and cheerful face. To his skill and intelligence was added a care for the souls as well as the bodies of his patients, and often from the bedside of the dying have his prayers gone up for help to the great "physician of souls."

As a neighbor, he was uniformly kind and obliging.

As a friend, faithful and true.

As a Christian, he was a living epistle, known and read of all men. He was an elder in the First Presbyterian Church of Pleasant Plains. A firm friend and judicious counselor of the pastor and an earnest advocate of every moral reform. He was unostentatious in his manner, scattering here and there the good seed of the kingdom and always praying for the prosperity of Zion.

In all his family relations he was what we might expect of an educated Christian gentleman. He has now gone to his reward, and his family, in their deep affliction, have the warmest sympathy of the whole community.

Dr. Fedral Vanderburg was born in the town of Beekman, Dutchess county, N. Y., on May 11, 1788. At the age of seventeen, he commenced the study of medicine with Dr. Wright, a physician of celebrity, at New Milford, Conn.; from whence he removed to New York city to avail himself of the advantages of its hospitals and colleges. In the city, he entered the office of the late Dr. Smith, a leading physician of the day, and after completing his curriculum, graduated before he had obtained the age of twenty-one years.

He married a lady of New Milford, and removed to Geneva, in this State, in 1812–13, where he remained, enjoying a renovation of

his previous delicate health, for about twenty years, when he returned to New York city in 1838. He there first became acquainted with the celebrated Dr. Gram, from whom he acquired a knowledge of the new method of medical treatment promulgated by Hahnemann.

In 1843 he became associated with the pioneers of our practice, in the establishment of the American Journal of Homœopathy. He continued in the city, where he established a lucrative practice among the wealthy portion of its inhabitants. He then removed to a farm on the banks of the river Hudson, in the year 1840, where he resided till the time of his death.

He was the introducer and promulgator of homœopathy into this county, and contributed many valuable articles to its literature.

He was enthusiastic in the practice of his profession, which he pursued through all difficulties. In his disposition, was benevolent and charitable, was always ready to succor the afflicted, to which the poor of his neighborhood bear ample testimony; and was proverbially punctual in his appointments with his medical brethren.

About one year ago he contracted severe pleuro-pneumonia, induced by exposure to inclement weather in connection with professional duties, which produced an attack of dyspnœa. Evidence of disease diminished somewhat during the warm weather of summer, but increased on return of winter. His constitution gradually yielded to the infirmities of age and encroachments of disease, and without suffering he peacefully expired Janury 23, 1868, in the eightieth year of his age.

LETTER TO DR. GEORGE E. SHIPMAN,

[Extract from the United States Medical and Surgical Journal, April, 1868.]

MY DEAR SHIPMAN:

I received your kind letter on my death-bed, reminding me of our early acquaintance; and although the destiny of distance divides us, I have never forgotten your friendship. In watching the slow current of life, retarded by one stream and quickened by another, I have little time to comply with your wishes. You ask me for my photograph, and its biographical appendage. My photograph I send you. My homœopathic appendage began with Dr. Gram.

When he arrived in New York, Gram was a friendless stranger; and when he opened his little manuscript, no faith was found in his statements. The city was then under the spell of Post, Hoo-

sack and Mott; the schools were animated with their errors, and there was no time for them to look at atoms, when the masses were before them.

Gram was grave and thoughtful, and gained his ascendency over his little circle by the interest he manifested in his future ministry; and when unheard of doctrines—such as little doses—came forth, one by one, they were tested on the sick, the results of infinitesimal doses were recorded, and Wilson, Gray and Curtiss saw the light, with its guiding star before them. These three scholars, with one teacher, lit the lamp whose cruse of oil will never empty, until the educated errors of our ancient brethren are buried beneath their own monuments.

At this time, if I remember, the sale of my medical errors had reached $10,000 a year, in the higher circles of society, before my acquaintance with Gram, and my introduction to him enabled me to plant the reformation of medical science on that circle to great advantage.

* * * * * * *

I then drew to my aid the lamented Curtiss—the brightest star in homœopathy, expanding so rapidly under Gram's tuition that he (Gram) once said to me, "I should not care to go to heaven, if I could not meet with Curtiss there."

I made it his interest to be my preceptor; and, with his guidance, many time-honored errors were consigned to oblivion, and many hoary prejudices were marched off the stage.

Now, my circle strengthened; and expanding by the radiating force from the centre, gave more room for chosen friends to move in; and I can number one, two, three, four and five, who have gained handsome practices on the basis of this circle, with no interference whatever with any rights or privileges of my own.

The "Organon" is the book in which the reformation of medical science commenced; and whether we are called to be the instructors of others, or are only desiring security and precision to our own system, we cannot do better than resort at once to that oracle.

It seems to me now, that I may have wasted the energies of my life on the study of "Vital Forces," with no benefit to any other but myself; and although I have been guided by Hahnemann's rule in the choice of the drug, my diagnosis was always based on the conditions of the disease, and if the diagnosis of the drug cor-

responded with the diagnosis of the disease, it cheered me onward to success.

Very truly yours,
F. VANDERBURG, M. D.
Per D. W. V., M. D.

RHINEBECK, N. Y., *Oct.* 18*th*, 1867.

Though Dr. Vanderburg retired from active practice some years ago, he never left the harness until called to his death-bed. Perhaps no man in the country was in greater requisition in all parts of it than he; and surely no man ever gained more fully and entirely the confidence of his patients. His entrance into the sick room dispelled many a dark and heavy cloud; buoyant and ever cheerful himself, he seemed to have an unfailing supply of buoyancy and good cheer to impart to his patients. He may have been ruffled and disturbed sometimes, but it was never our fortune to meet him when he was so. When engaged in a very extensive and laborious practice, the care and fatigue of which would have disturbed the temper of one less favored, he always seemed full of life and energy, and, at the same time, the quintessence of good humor. Some of us must confess that it is more easy to applaud such a man than to imitate him.

The secret of his success, however, lay in the enthusiasm with which he gave himself to his profession. The weight of years did not repress it, as the following incident will show: In 1865, he passed through this city, on his way to La Salle, with a patient whom he had escorted from New York. The husband said, on the day after their arrival, "Well, Doctor, you will stay with us a few days, and rest yourself." "No," said Dr. V., "I must return to-morrow." "So soon?" replied the host; "Well, what can I do to entertain you?" "Oh, show me some sick folks!" A man at eighty or more, who could rest himself by examining and prescribing for "sick folks," is just the man that "sick folks" would be likely to seek after, all his life long; and this was just the experience of Dr. V. Those who can imitate his example will surely share his experience.

ERIE COUNTY MEDICAL SOCIETY.

Article 41.—List of Officers, Delegates, Committees and Members.
42.—Report of the Erie County Homœopathic Medical Society. Proceedings of the Eighth Annual Meeting, held January 2, 1867. By E. G. Cook, M. D., Secretary.
43.—Report of the Organization and Proceedings of the Buffalo Homœopathic Dispensary. By H. T. Appleby, Secretary.

ARTICLE XLI.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. H. C. Blanchard, President.
R. R. Gregg, Vice-President.
E. G. Cook, Secretary and Treasurer.

Censors.

Dr. A. T. Bull, Dr. A. C. Hoxie, Dr. H. Baethig.

Delegates to the State Society.

Drs. Geo. W. Lewis, Drs. R. R. Gregg,
A. T. Bull, A. R. Wright.

Members.

Drs. A. R. Wright	162 Pearl street	Buffalo.
A. C. Hoxie	do do	do
R. R. Gregg	42 South Division street	do
A. Shattuck	79 do do	do
A. S. Hughly	167 Ellicott street	do
I. W. Wallace	56 Niagara street	do
G. W. Lewis	227 Pearl street	do
H. C. Blanchard	381 Washington street	do
L. M. Kenyon	86 West Mohawk street	do
E. G. Cook	38 East Swan street	do
A. T. Bull	98 do do	do
H. Foster	31 Franklin street	do
H. Baethig	339 Oak street	do
I. A. Campin	White's Corners	Erie Co.
G. C. Hibberd	Springville	do

The annual meeting, for the election of officers, is held on the first Wednesday in January; quarterly meetings on the first Wednesday in April, July and October; monthly meetings on the first Wednesday of intervening months.

ARTICLE XLII.

Report of the Erie County Homœopathic Medical Society. Proceedings of the Eighth Annual Meeting, held January 2, 1867. By E. G. Cook, M. D., Secretary.

A regular meeting of the Society was held at the office of Dr. H. N. Martin, January 2, 1867.

Present—Drs. Kenyon, Shattuck, Wallace, Wright, Hoxie and Martin. The President, Dr. Wright, in the chair.

The minutes of the last meeting were read and approved.

The Secretary then read a clinical report from Dr. Scott, for which the Society returned a vote of thanks.

The Treasurer then presented his report, which was adopted.

Society then proceeded to the election of officers for the ensuing year. (See page 275.)

The retiring President then delivered the annual address, which was adopted.

On motion, a vote of thanks was tendered to the retiring President for his able address.

Adjourned.

ARTICLE XLIII.

Report of the Organization and Proceedings of the Buffalo Homœopathic Dispensary. By H. T. APPLEBY, Secretary.

Pursuant to call, a meeting of Buffalo homœopathic physicians was held at the Pharmacy, on Tuesday evening, October 1, 1867.

Present—Drs. Kenyon, Bull, Cook, Blanchard, Lewis, Hinkley, Foster, Wallace, Baethig, Shattuck, Wright, Hoxie and Gregg.

On motion of Dr. Kenyon, the meeting was organized by calling Dr. G. W. Lewis to the chair; H. T. Appleby, Secretary.

Dr. Kenyon then submitted the following resolution:

Resolved, That the establishment of a Homœopathic Dispensary will promote the interests of homœopathy in Buffalo.

Adopted unanimously.

Dr. Bull read a letter from Dr. Otto Fullgraff, of the Bond Street Homœopathic Dispensary, in New York, having reference to the manner of procedure in establishing a Medical Dispensary.

On motion, the letter was placed on file, and a vote of thanks tendered to Dr. Fullgraff.

The following motion was offered by Dr. Wallace:

Resolved, That Drs. Lewis, Bull and Kenyon be appointed a

committee to propose a plan for a Homœopathic Dispensary in the city of Buffalo, and that they report at a future meeting.

Carried.

A motion for adjournment subject to call of the chairman of the meeting was adopted.

At a subsequent meeting the committee reported that a suitable room had been rented and furnished.

The following physicians were appointed corporators: Drs. H. Foster, R. R. Gregg, G. W. Lewis, A. R. Wright and A. T. Bull.

Board of Trustees.

Hon: D. S. Bennett, S. W. Howell,
Jacob Bryer, L. C. Woodruff,
Sheldon Pease, F. H. Root,
S. H. Fish, O. L. Nims,
Jas. Brayley.

Delegate to American Institute.

Dr. L. M. Kenyon.

Attending Physicians.

Dr. H. C. Blanchard, Dr. J. W. Wallace,
E. G. Cook, H. Baethig,
A. R. Wright, L. M. Kenyon,
A. C. Hoxie, R. R. Gregg,
A. S. Hinckley, G. W. Lewis,
A. T. Bull, L. Bedford,
Dr. H. Foster.

H. T. Applebey, *Secretary and Treasurer.*

The following subscriptions have been received and acknowledged by the Treasurer:

Burnett and Avery	$25 00
H. Foster, M, D.	20 00
L. M. Kenyon, M. D.	10 00
E. G. Cook, M. D.	15 00
H. Baethig, M. D.	10 00
H. C. Blanchard	10 00
T. H. Root	10 00
O. L. Nims	10 00
Jas. Van Buren	5 00

C. C. McDonald	$10 00
A. L. Griffin	5 00
R. C. Palmer	3 00
Mrs. H. Grosvenor	5 00
A. Shattuck, M. D.	10 00
A. R. Wright, M. D.	10 00
A. T. Bull, M. D.	10 00
G. W. Lewis, M. D.	10 00
J. W. Wallace, M. D.	5 00
A. C. Hoxie M. D.	10 00
F. B. Gallager	5 00
E. G. Gilbert	10 00
A. Brush	5 00
Mr. Gibson	6 00
C. M. Farrar	5 00
Mrs. J. Benson	5 00
G. W. Townsend	5 00
Mrs. Thos. P. Grosvenor	5 00
C. S. Halsey	50 00
Austin and Austin	5 00
Anonymous contribution	20 00

E. G. Cook, M. D., one ton of coal.
Deforest and Coye, one-half ton of coal.
Brown and Baker, one-half ton of coal.

Thankful acknowledgments are also tendered to the following publishers for various medical periodicals and books :

E. A. Lodge, Detroit, "Hale's Materia Medica," and "Western Homœopathic Observer."

C. S. Halsey, Chicago, "United States Medical and Surgical Journal," and "Medical Investigator."

New England Gazette Association, for "New England Medical Gazette."

Beckwith and Co., Cleveland, Ohio, "Medical and Surgical Reporter."

Smith and Worthington, Cincinnati, "American Homœopathist."

Number of patients prescribed for	842
Number of office prescriptions made	545
Number of visits	1,628
Number of cures	594
Number of deaths	7
Result unknown	152
Number under treatment	64

It will be seen that the above figures compare favorably with those given by the Bond Street Homœopathic Dispensary for the year in which it was founded, which is now the largest in the country, and receives appropriations for its support from both State and city.

The Buffalo Dispensary is now located at 270 Main street, and is open daily from three to five P. M.

The enterprise has found favor among all classes who have the interests of humanity and homœopathy at heart. Many persons have responded liberally with their means, and it only requires the hearty support and co-operation of the homœopathic profession here, to make the Dispensary the means of great usefulness.

Several smaller towns in the State support Dispensaries at a much greater expense than this and a much smaller proportion of numerical strength among the profession.

It is regretted that a more complete and classified clinical report cannot be given, as in these we have important statistical evidence of the success of homœopathy.

An effort will probably be made this winter to procure help from the city and from the Legislature. If successful, we shall be placed upon an equal footing with the old school institutions. Inasmuch as the people are equally taxed for the support of medical institutions, "equal rights" demands that a part of the tax collected be placed at the disposal of homœopathists, who represent more taxable property in proportion to numbers than the patrons of allopathy.

HAHNEMANN ACADEMY OF MEDICINE.

ARTICLE XLIV.

Officers elected December, 1867.

Drs. F. S. Bradford	New York		President.
Otto Fullgraff	do		Vice-President.
S. Lilienthal	do		Cor. Secretary.
T. F. Allen	do		Rec. Sec'y and Treas'r.

Trustees.

Drs. D. D. Smith	71 Irving Place	New York.
A. S. Ball	43 West 11th street	do
S. B. Barlow	55 East 21st street	do

A list of honorary and corresponding members is published in the Transactions of the State Society for 1865.

Members.

Drs. John F. Gray,	Drs. C. Kierated,
F. Vanderburg,	E. Guernsey,
Jno. A. McVickar,	B. C. Dutcher,
S. R. Kirby,	J. Croffort,
P. P. Wells,	S. C. Hanford,
S. S. Guy,	J. W. Wodward,
H. Sherrill,	E. G. Bartlett,
*A. Cooke Hull,	Jas. H. Ward,
S. B. Barlow,	O. Fullgraff,
L. Hallock,	R. Bartlett,
J. M. Ward,	J. Berghaus,
E. E. Marcy,	E. M. Kellogg,
A. Wright,	R. M. Bolles,
G. S. Browne,	T. W. Donovan,
H. J. Dunnel,	H. M. Smith,
G. E. Belcher,	T. F. Allen,
*J. M. Quin,	F. F. Smith,
W. C. Palmer,	F. W. Hunt,
Jas. Mairs,	S. Lilienthal,

* Deceased.

Drs. A. S. Ball,
M. W. Palmer,
J. T. Alley,
J. McE. Wetmore,
E. J. Freligh,
M. Freligh,
Drs. R. McMurray,
C. F. Della Bella,
S. P. Burdick,
J. C. Mitchell,
G. L. Freeman,
F. S. Bradford,
Dr. J. R. Andrews.

The annual meeting for the election of officers, is held on the first Wednesday of December; regular meetings on the first Wednesday of every month.

HOMŒOPATHIC MEDICAL SOCIETY OF CENTRAL NEW YORK.

ARTICLE 45. List of Officers, Committees, and Members.
46. Hydrastis Canadensis in the Treatment of Uterine Diseases. By C. W. BOYCE, M. D., of Auburn.
47. The Proving of Drugs. By C. W. BOYCE, M. D.
48. Proving of Petroleum. By P. O. C. BENSON, M. D.
49. Treatment of Diseases Peculiar to Females. By WM. A. HAWLEY, M. D.
50. Clinical Observations. By T. DWIGHT STOWE, M. D.
51. Bryonia in a Case of Cephalalgia. By R. E. BELDING, M. D.
52. Digitalis in Vicarious Menstruation. By WM. HENRY HOYT, M. D.

ARTICLE XLV.

List of Officers, Committees, and Members.

Officers elected June 26, 1868.

Drs. Wm. Henry Hoyt ..... President.
T. Dwight Stow ..... Vice-President.
C. W. Boyce ..... Secretary and Treasurer.

Committees.

Comparative Value of Animal and Vegetable Diet—Drs. T. L. Brown and Wm. A. Hawley.

Honorary Members.

Drs. A. R. Morgan	Syracuse	Onondaga co.
E. R. Heath	Dayton	Ohio.

Members.

Drs. Titus L. Brown	Binghamton	Broome county.
C. W. Boyce	Auburn	Cayuga county.
H. Robinson, sr.	do	do
H. Robinson, jr.	do	do
C. E. Swift	do	do
E. P. K. Smith	do	do
A. J. Brewster	Cato	do
H. B. Fellows	Aurora	do
W. M. Gwynn	Throopsville	do
George H. Parsell	Weedsport	do

Drs. *Henry C. Hubbard	Scott	Cortland Co.
Harrison Willis	Clinton	Oneida county.
C. H. Thompson	Clayville	do
M. M. Gardner	Utica	do
L. B. Wells	do	do
A. B. Southwick	Rome	do
Lyman Clary	Syracuse	Onondaga Co.
R. E. Belding	do	do
Wm. A. Hawley	do	do
W. Henry Hoyt	do	do
J. G. Bigelow	do	do
F. Bigelow	do	do
H. V. Miller	do	do
Stephen Seward	do	do
J. W. Shelden	do	do
S. C. Warren	Jordan	do
P. O. C. Benson	Skaneateles	do
B. B. Schenck	Plainville	do
J. B. Voak	Canandaigua	Ontario county.
*E. A. Potter	Oswego	Oswego county.
G. D. McManus	do	do
Augustus Pool	do	do
D. C. Fowler	do	do
T. Dwight Stow	Fulton	do
M. F. Sweeting	South Butler	Wayne county.
A. E. Wallace	Oneida	Madison county
S. Spooner	do	do
Edward Loomis	do	do
H. P. Mera	Canastota	do
Charles Sumner	Rochester	Monroe county.
M. L. W. Fiske	do	do
David I. Chaffee	Fairport	Chemung Co.
W. R. Brown	Homer	Cortland Co.
S. W. Jones	Groton	Tompkins Co.

The annual meeting is held on the second Thursday of June, and quarterly meetings on the second Thursday of September, December, and March.

* Deceased.

ARTICLE XLVI.

Hydrastis Canadensis in the Treatment of Uterine Disease. By C. W. BOYCE, M. D., Auburn, N. Y.

May 2d, 1866.—Mrs. C., a highly sensitive and nervous lady aged 25 years, presented the following condition: Had been four years under medical treatment. During the first two years she had been attended by one of the oldest and best homœopathic physicians in this section, and for the last two years by a celebrated specialist, who made the usual applications of caustic, iodine and iron. She was worse at the end of the four years than at the commencement. Whilst under homœopathic treatment, there was no examination of the internal organs, but during the term of the specialist, she underwent a speculum examination two or three times a week. She was said to have had ulceration of the womb, and of course, nearly all other ills woman is heir to. So far, no relief had been obtained from medication of any kind.

At the commencement of her sickness regurgitation of food by the mouthful, without nausea, was a troublesome symptom; she also became despondent and gloomy.

At this time (May 2, 1866), regurgitation of food affords relief. When the food is retained she experiences headache, palpitation of the heart, and nervousness, or restlessness; bad taste in the throat from the breath; mouth very dry in the morning, and tongue thickly coated; sour risings from the stomach; great quantities of wind in the stomach, causing distress until it is discharged. After eating she must keep entirely quiet, or she becomes feverish and distressed. Pain in the bowels three or four hours after eating, and an inclination to a movement; pain and soreness of the liver. After dinner is nervous and irritable; she cannot bear to have her husband speak to her. She gets so very nervous that to hear any one speak becomes unbearable, and the head aches intensely. On closing the eyes she sees sparks and light spots. Pain in the eye-balls and over the eye-balls; pain on opening the eyes. Cannot sleep until after midnight. The epigastric region is very tender to the touch, and she has sensations as of a tight band around the waist, worse at night than in the morning. The hands, feet and limbs are cold all the time, while the head is hot. Constipation very troublesome; at first the fæces are dry and lumpy, but afterwards like white of egg. Very great straining at every movement. Has nose-bleed before the menses come on. When young, nose-bleed often took the

place of the menses. The menses are always preceded and attended, for the first two days, with great suffering, pain in the back and headache. Menses delay for a few days. Leucorrhœa all the time, but profuse ten days after the menses cease. Leucorrhœa acrid, corroding the parts. When standing feels as if "everything" would fall out from the genitals. Very tender about the vulva. In addition to what is called "leucorrhœa," patient has a discharge like white of egg, coming on immediately after the menses cease; lasting ten days, sometimes longer, profuse and debilitating. Severe pain in the small of the back; great pain in the back part of the legs; pain in the inside of the legs above the knees. Coition is very painful, yet she has almost constant desire, especially during the time she has "white of egg" discharge, amounting to "furor uterinus." After coition feels prostrated, and has distress in the stomach; commences at once to spit up the last meal, or has the taste of it in her mouth, and the result is she has this taste in her mouth all the time. The "white of egg" discharge usually becomes a red, bloody fluid at last. As soon as the "white of egg" discharge ceases she becomes irritable and angry with every one, and cannot endure the idea of coition; any reference to it makes her angry. She has constant desire to pass water, and when a little is passed she is relieved, and it seems to her that if she could pass a great quantity of water she would feel still better. In the morning this desire is less. Withal, there is, at times, a discharge of hot water from the womb, which is so profuse as to wet the bed and all her clothes.

A vaginal examination revealed prolapsus uteri, with congested and indurated os. Lifting the womb to its place, and holding it there, relieved all the symptoms at once. Patient remained comfortable as long as she retained the recumbent position.

Various remedies were tried, with no relief; indeed, I could expect none after a thorough two years' trial by one of our most able homœopathic physicians. In this condition, to gain time, a glass globe was inserted in the vagina, which held the womb in place. This allowed the patient to resume the superintendence of her household affairs, and gave her entire comfort, until the hard ball produced irritation of the womb sufficient to require her to resume the recumbent position again. During the interval she was free from all complaints, and ate and slept well. After nearly a year of comparative freedom from pain, she was again

prostrated with all of her former sufferings. All her gloomy forebodings returned, and she was about to consult Dr. P., of Syracuse, who has the reputation of treating all female complaints with great success.

No medicine that she had taken had given her the least relief, and I felt that medication would not help her, but as she urged me to try something new, I gave her a powder of the first decimal trituration of hydratis can., to be dissolved in a glass of water, and to be taken two spoonsful every three hours; also a few drops of hydrastis, to be put in pint of soft water, and used as injection three times a day.

At this time gastric distress was intense, and the "furor" was almost unbearable. In a few hours the gastric symptoms were relieved, and the erotic condition ceased, together with the "white of egg" discharge.

The patient has been free from distress for three months, and seems to be restored to usual and comfortable health. Menstruation is not attended with pain, and the patient has gained flesh and strength.

ARTICLE XLVII.

The Proving of Drugs. By C. W. BOYCE, M. D., of Auburn.

The editor of "The Quarterly Homœopathic Journal" (Boston, 1849) uses the following language:

"There is no disguising the fact that two distinct parties exist in the homœopathic school. This may be new to some physicians in this country, who have been led to believe that there is entire unanimity on all points amongst the homœopathic physicians in Europe; yet it is most indisputably true, and will not be new to those who are familiar with the German and French homœopathic literature.

"This division is not sectional or of recent date, as has been intimated. It originated with such able men as Drs. Moritz, Muller, Rau, Wolf, Trinks, Kretzschmar, Rummel, and others, who, nearly a quarter of a century ago, openly, freely and frankly declared their dissent from Hahnemann, and some of his theories, and the inference which he drew from them; more especially on the potence and psora theories, with their results. This gave rise to the organization of a distinct party in the school, in opposition

to the 'Hahemannian;' and the difference thus commenced has not only continued, but has widened of late by the frequent administration of the 'high potencies.'

"One party, then, adheres to homœopathy as founded and bequeathed to us by Hahnemann; this it calls pure homœopathy. The other, accepting all that it believes to be confirmed by reason and experience, labors for the improvement and advancement of the new system, and by supplying where it perceive deficiencies, remedying imperfections, and replacing errors by truth, strives for a broader and more scientific foundation.* This is called rational homœopathy. In the fundamental principles of homœopathy, however, both parties agree. They are:

"1. The principle, *similia similibus curantur*.

"2. The proving of medicines on the healthy for the purpose of discovering the specific relation between the drug and the human organism.

"3. The consequent indication in disease.

"4. The efficacy of comparatively small doses.

"5. The exhibition of single substances.

"6. Abiding the effects of each medicine.

"7. Attention to dietetics."

This, Mr. Chairman, is the statement, fairly made, of a partizan on the side of rational homœopathy, and I can but feel that it meets the views of pure homœopathists; at all events it can be taken as a basis of discussion.

Before we discuss these "fundamental principles," let us briefly review one point which stands at the commencement of an appreciation of what constitutes homœopathy,—"In the healthy condition of man there is an immaterial, vital principle which animates the material body, exercises an absolute sway, and maintains all its parts in the most admirable order and harmony, both of sensation and action, so that our indwelling rational spirit may freely employ these living, healthy organs for the superior purpose of our existence." (Organon, Sec. 9.) In a state of health we know nothing of the operation of this vital principle. All the functions are carried on without our knowledge and we live and enjoy existence. When the action of this vital principle is deranged it produces an abnormal condition which we call disease, and disease is made known to our senses by sensations and conditions which we call symptoms. Only the deranged action of this immaterial vital

* Hygia, Vol. 32, No. 1.

principle can produce disease. Disease, then, primarily, is immaterial, and only becomes material, if at all, after a longer or shorter duration. If we confess, for argument's sake, that disease eventually becomes material, we have only to restore the vital principle to its normal action, and the disease removes or is removed,—the immaterial removes the material. But, if we are able to know anything of the working of the human system, we know that any abnormal material in the system is the result of disease and not disease itself.

The deranged vital principle alone producing disease, and disease being made known only by symptoms, it follows that all we can know of disease is by the symptoms present; or, the symptoms are only the manifestations of the deranged vital principle. When we perceive no more symptoms we may be sure the disease is cured.

In regard to remedies: These have corresponding components with the organism. The organism has its vital principle, the remedy has its spiritual power. "By the operation of injurious influences from without upon the healthy organism, influences which disturb the harmonious play of the functions, the vital principle, as a spiritual dynamic, cannot otherwise be assailed and affected than in a (dynamic) spiritual manner; neither can such morbid disturbances, or, in other words, such diseases, be removed by the physician, except in like manner by means of the spiritual (dynamic) countervailing agency of the suitable medicines acting upon the same vital principal, and this action is communicated by the sentient nerves everywhere distributed in the organism. So that curative medicines possess the faculty of restoring, and do actually restore, health with concomitant functional harmony by a dynamic influence only, acting upon the vital energies, after the morbid alterations in the health of the patient which are evident to the senses (the totality of the symptoms) have represented the disease to the attentive and observant physician as fully as may be requisite to effect a cure." (Organon, section 16.) Dr. Hempel says: "The doctrine of high potencies can be accounted for by this other doctrine, that the animus, the inmost power of every drug, is an efficient, immaterial, although substantial principle; in other words, an essence of power of which the visible drug constitutes the body, the material substance. It is upon the presence of this inmost principle that the real efficacy of the drug depends." (American Homœopathic Observer, Sept., 1867, page 362.)

Dr. Potter writes me, on this point, as follows: "Disease is simply deranged or altered vital action, and that all the materiality that needs to be removed from the system is the results of disease. I think here is the primal error of allopathy, mistaking the results of disease for disease itself; hence, then, therapeutics are founded on the idea of eradicating an entity from the system. Allopathy fails in consequence of not looking beyond the results to the cause. This, I think, is clearly proved by your argument drawn from Dr. Dunham's case, also from the corresponding relation of dynamized drugs to the vital theory of disease. Who has an imagination sufficiently powerful to discover enough of palpable matter or materiality in the five thousandth attenuation of a drug to act upon material substances? To be rational he must call to his aid the dynamic or spiritual nature of his remedy. If there is one point more clear to my mind than any other in 'our science,' except '*similia similibus curantur*,' it is this: that disease is deranged vital action, and that the curative action of drugs is not in material but in dynamic or spiritual force."

* * * * *

Thus much preliminary to a discussion of the "fundamental principles."

The first, or the law of similars, is happily not subject of dispute; and as this is so, we may pass to the second.

The proving of drugs on the healthy is of the first importance. Our mutual friend, Dr. Lippe, has kindly furnished me with a paper on this subject, which I will read:

"Ever since mankind was afflicted by diseases, drugs have been employed to cure them; and as various as were the different opinions of the nature and history of diseases were also the opinions of the knowledge of drugs and drug action. The father of the healing art, Hippocrates, obtained most of his knowledge of drugs from the popular practice; he applied for the cure of the sick only simple, unmixed, and single remedies. Dioscorides in his writings deviated already from the early simplicity, and always compounded several remedies in one prescription; as a consequence, the knowledge of drug action became less and less, and uncertainty increased with the use of a multiplicity of mixed drugs. In the early history of medicine, we find that the similarity of certain plants with certain parts of the human organism was a sufficient reason to ascribe to such plants a specific effect on such similar parts of the human organism. This was one of the sources of the materia

medica, and on it was based the doctrine of the '*signatura medicamentorum*,' the first and crudest conception of the law of cure as accepted by us. The smell and taste of drugs were thought to be indications of the manner in which they would affect the organism. Later, whole botanical classes of plants were supposed to have a specific effect, because one plant belonging to that class was thought to exercise a certain specific effect on the diseased organism.

"Others flattered themselves with the hope of obtaining a knowledge of the dynamic effect of drugs by means of chemical analysis. The greatest source from which all knowledge came, and from which the materia medica was composed, was the clinical experience—that is, the application of drugs to the sick, '*cognitio medicamentorum ex usu in morbis.*' The crude provings of drugs on animals, by Orfila and his contemporaries, revealed nothing really useful; for no analogy could be drawn from the action of drugs on the lower animal sphere as to the mode in which the same drug would affect the higher human organization. And even in our days, some learned physicians vainly suppose the materia medica may be much improved, and a more perfect insight into the action of drugs obtained, by analyzing not only the drugs themselves, but also all and every secretion from the human organism following their administration; but nothing can be learned of the healing property of the drug, or of the essential nature of the disease, by subjecting all the secretions of the prover or of the patient to chemical tests. With Hahnemann dawned a new era for the medical art; he was the first who ascertained with certainty what effect drugs had on the human organism; the first physician who proved drugs on the healthy, and thereby established a full knowledge of drug action.

"The knowledge of drug action on the human organism enable Hahnemann to demonstrate practically the correctness of the law of cure on which the new system of medical practice was based; and in proportion as the new materia medica grew larger and more perfect, were he and his followers better prepared to give practical proofs of the superiority of homœopathy over all former modes of treatment. Following in the footsteps of the Master, his disciples continued to prove drugs; some introduced by Hahnemann were subjected to re-provings, tending only to confirm the great accuracy of his observations; new drugs were proved, and thereby our materia medica became much enlarged, much more useful, and the cure of many diseased conditions, formerly

considered hopelessly incurable, was greatly facilitated. Every prover formed for himself some rules which governed him in conducting his inquiry into drug action. These rules were the results of observations on himself and on others. Although I have made a comparatively limited amount of observations, from which I am enabled to draw conclusions, and form rules to be observed by a prover, I may, nevertheless, be allowed to offer some suggestions on the most feasible plan of proving drugs, and some rules to be adopted by provers. The first and very important point is the drug itself. If we desire a correct proving of a drug, it is positively necessary that all the provers should test the same drug—precisely the same substance, whatever it may be.

"Chemical preparations made by different persons may slightly differ, as every chemist may obtain the substance in a different manner and with different degrees of purity: such was the case with niccolum. When provings were made of kobaltum, it appeared by the symptoms obtained that some of them had a great similarity with those obtained by the first provers of niccolum—that preparation, no doubt, containing kobalt, the chemist not then having been able to separate these two metals fully; a new niccolum proving became a necessity. Animal poisons are still apt to be much more at variance if obtained by different persons, at different places and in different seasons, and many mistakes must follow such provings. Plants differ very much in various localities and at various seasons; even the time of the day on which they are taken for preparation may make a great difference; and Paracelsus, long ago, attached great importance to the time of collecting plants for medicinal preparations.

"It is very desirable that the provings should be made by as many persons as possible; that they should be of different ages, and of both sexes, of different temperaments, occupations and stations in life. It does not, nevertheless, follow, that a proving made by one or two provers should be rejected on that account, since we have obtained very valuable provings made by one or two persons only. I will but mention here the very valuable urinary symptoms of benzoic acid, of Dr. J. Jeanes; and the great addition to our materia medica, in later days, by Dr. R. Rubini, who, with his wife, alone proved cactus grandiflorus. It would have been more than unwise to reject either of those provings because not made by many persons.

"Having the drug and the willing prover, the next question

arises, what dose or doses should be taken to obtain the best results. The dose may be varied on account of the drug, or on account of the known susceptibility of the prover to similar substances, or to drug-action in general. As a general rule it will be found best to take but one single dose of the drug at a time. The effect of this single dose, however small or large it may be, will often develop itself almost instantaneously; as is the case with glonoine, which will make its effects known, at the latest, in a few minutes. Other drugs are slow in developing their effects, as causticum, lycopodium, etc., and they may not be perceptibly felt before the third day.

"And where it is so slow in developing its effect, the drug-action will frequently continue for weeks; and even then the proving cannot be considered ended, as similar symptoms often re-appear after fourteen or twenty-one days; or the symptoms, or group of very similar symptoms, will recur at certain intervals regularly; those intervals may be hours or days, as the case may be. It would certainly interfere with the observations of the prover, if a second dose should be administered before the first had exhausted its effects. This one single dose should be just large enough to affect the prover; if too large, the proving will be of little practical use, as the system will at once endeavor to rid itself of an unwelcome intruder, and the revulsive symptoms so obtained will be of a low order, and comparatively useless. If the one single dose produces no effect, it will not often be an indication that the dose was too small; in most instances a repetition of the same dose, or the administration of a larger one, will have no more effect than the first, and will show that the prover is not susceptible to the effects of that drug at that particular time. Under such circumstances it would be advisable to postpone the proving of the drug on that person to a future period. All the changed conditions and sensations produced by this one single dose should be carefully written down as they occur, and not even such symptoms as at first appear trivial should be omitted; the prover should examine himself and such persons assisting him in his provings, by interrogatories, and in the same manner that he would examine a patient; Hahnemann's advice in his Organon, paragraphs LXXXIII to CIV, will guide him well in this respect. The record should be continued as long as any symptoms occur. If they have not been interrupted by an antidote on account of their severity, or by any other interference, the symptoms of drug-

proving generally end similarly to other diseased conditions, in a kind of crisis.

"The symptoms appearing latest are of great value; many provers have omitted them on account of their lateness, not believing them to be still the result of the drug-action; the mistake not being detected until, in the reports of other provers, corresponding symptoms to those omitted were found too late to put them on record from memory. The comparison of the records of different provers at once show their correctness, as there always exists a harmonious similarity between good observations; the differences are often only complimentary symptoms observed by one, and not by the other provers.

"The diet should not be changed during a proving, as such a change alone is apt to cause a deviation from the habitual feelings and sensations. All excesses, or otherwise possibly interfering acts, or unaccustomed food, or unusual excitements, should be carefully avoided; and if such possibly counteracting influences have occurred, they should be carefully put on record. The first and sole object for which Hahnemann instituted these investigations (the proving of drugs) was to ascertain their action on the human organism. He obtained what he wanted, a diagnosis of the drug proved; and he further established the correctness of his observations, viz: the diagnosis of the drug, by using it as a curative agent, under the law of the similars. The speculative attempts to which medical men had resorted to obtain a "*cognitio medicamentorum ex usu in morbis*" were failures; it was left to Hahnemann to teach the world, by precept and example, how the knowledge of drug-action could be ascertained, how drugs were to be proved, how a reliable materia medica was to be established. And as drug-action became a known fact, applicable to the cure of the sick under the law of the similars, an increasing knowledge of materia medica gave us an opportunity to diagnosticate the similar curative drug with increasing certainty in almost all diseased conditions.

"In order to cure a patient it is not sufficient to know only the simimilar curative drug; another important question arises at once, how is the drug to be administered? Shall it be given in the crude state, or in a potency, or in what potency; shall it be but once administered, or oftener; how often, and at what intervals; or, is it right and advisable to give drugs mixed or in alternation? We require, then, practical rules to guide us further in

practising homœopathy. Hahnemann left us practical rules in his various writings, and holds out the promise of success, if they are strictly adhered to and carried out. Still the most implicit confidence in Hahnemann as an observer cannot induce every one to accept his practical rules "on authority." We can acknowledge in the science of medicine no other "authority" than natural laws; and only as far as he discovers these natural laws and proves their correctness, not by argument only, but by practical experiment also, can any one stand as an authority.

"The '*cognitio medicamentorum*' or knowledge of drug-action, does not include a knowledge of the "*usus medicamentorum*" the practical rules according to which the similar drug should be applied. We have shown that the "*cognitio mendicamentorum*" could not be obtained "*ex usu in morbis*," but only by provings, by putting the question directly to nature. Shall we now fall back into the previous error, and expect to obtain a knowledge of the "*usus medicamentorum*" or practical rules, by resorting to the "*usus in morbis*," the results of experiments on the sick? The very history of our school settles this question. Experiments on the sick have been made, observations have been put on record, but the deductions drawn from such observations have resulted in conflicting practical rules laid down by various experimenters. And these widely-conflicting differences of opinion among the physicians of our school have their origin in the erroneous and fallacious manner in which observations have been made, each claiming to have found a new practical rule; while many claim to have found Hahnemann's errors, and demand their rejection, among them this theory of potentization, which is pronounced a grave error. According to such persons, with the promulgation of this theory began "the great errors of this great man." Some claim that the mixing of medicines is a great improvement, or that medicines given in alternation will do wonders; all of them in common appeal to their experiments, to their facts, and assert that the deductions they draw from such facts establish the best practical rules. These differences of opinion are then the legitimate results of the experiment on the sick. Had the question been put right, could it have been possible to obtain such contradictory and conflicting answers? The error thus perpetrated becomes the more serious, since all these questions have in fact been already answered; these answers are before us, if we but wish to see them; the provings of drugs have revealed them long ago, and, at the

same time, corroborated Hahnemann's theories and practical rules. And although Hahnemann did not tell us how he obtained some of the theories and practical rules which he left us, it is very evident that the drug-proving strongly suggested them to him, and that experience proved the correctness of the suggestions.

"The theory of potentization, the great stumbling block to the materialistic converts to our school, is shown to be correct by the proving of drugs; because:

"1. Some drugs, in their crude state, exercise either very slight or no visible dynamic effects on the human organism, but act very efficiently when potentized; as carbo veg., lycopodium, natrum mur., silicea, etc.

"2. The provings of medicines made with higher potencies have elicited more characteristic symptoms than the lower potencies or the crude drugs were able to produce; as natrum mur. 30, proved by the Vienna provers.

"3. The highest potencies do not lose the power of causing sickness, or morbid symptoms; but provings instituted with them have confirmed former observations made by proving the drug in the crude state or in lower potencies, and brought out new series of symptoms in harmony with those known before. These new provings have also been confirmed by the test of clinical experiment, as the most excellent provings of lachesis, gelseminum, etc., by Dr. B. Fincke, will clearly show.*

"And if these three propositions are correct, it follows that potentization does not diminish the dynamic power of drugs, and that potencies having the power to cause sickness must most assuredly have the power to restore to health, if applied under the homœopathic law.

"The advocates of alternation and mixing medicines will find but poor comfort in our drug provings; certainly they cannot properly use means for the cure of the sick that have never been subjected to the test of proving; and as we possess no provings of alternate or mixed drugs, we must, as homœopathists, discard their use till the first step has been taken in the proving of drugs in the same manner.

If the method of proving drugs by taking but one dose is found correct, as it seems to be so far as my individual experience goes then, should we not infer from this fact that one dose of medicine

* To reject, ignore or ridicule such provings, *a priori*, shows such an utter disregard for the manner in which scientific inquiries are made, that we feel ourselves mpelled, at least, to ignore such persons.

at a time will be sufficient to do all which this homœopathically selected medicine can do in a given case? And if the analytic study of our drug provings shows that one single dose of a drug can affect, has affected, the human organism for weeks and even longer, may we not infer from this fact again, that one single dose of a drug may affect the diseased condition of the organism for at least an equal length of time? And whoever will subject these deductions to the practical test, the clinical experiment, will find them confirmed.

The pathological wing of our school will also derive but poor comfort from the study of drug provings. It will appear very evident:

1. That the same drug will affect different individuals similarly yet differently, this difference depending on the individuality of the prover.

2. That different drugs will affect the same prover in a similar and yet different manner; the similarity being caused by his individuality and predisposition for affections of certain organs, the difference being, of course, attributable to the difference of the drugs themselves.

The fact that morbid influences do cause corresponding similar yet different effects on different individualities, will be a permanent bar to the fond hopes indulged in by the pathological school of presenting us with a description of the "unity of disease;" and so long as this unity of disease is not found, we need not dream of "specifics for specific diseases;" while the consequent expectation "to extend our usefulness" by generalizing will also be found to be a delusion, and we shall still have to individualize diligently.

Drug provings have solved many questions, taught us "the knowledge of drug action," and enabled us to find practical rules which unerringly guide us in the treatment of the sick. There are some questions still remaining open, unanswered, and among them the most vexed question is that of the "dose;" the experiment "*ab usu in morbis*" has failed to solve this one as well as the others; but this question, and all others that may arise, will, I hope, eventually find their solution in what I have endeavored to explain in this paper, "*The Proving of Drugs.*"

ARTICLE XLVIII.

Proving of Petroleum. By P. O. C. Benson, M. D.

July 26.—Took ten drops of the first decimal dilution at 9.30 P. M. Before 12 o'clock the same night, felt pain in the frontal region, with slight nausea, which increased, and an inclination to belch wind, with slight pain in transverse colon and left lumbar region. Awoke at 5 o'clock with pain below umbilicus, rumbling in bowels, and disposition to have a movement, belching of wind and stomach unsettled. Arose at 6 o'clock; all the symptoms increased. On movement, the pain in the bowels just below the umbilicus became sharp and cutting, and increased the desire to have a passage from the bowels. Soon had a free movement; diarrhœic, lightish brown color, and very thin; the pain returned just after. Headache, frontal, dull and disagreeable.

Before 7 o'clock the sickness of the stomach had increased so that at one time I thought I should vomit. There was a good deal of rumbling and noise in the bowels, and at 7 o'clock had an urgent desire to have a movement, but did not go out, and it passed off. The same desire, ineffectual however, returned a little later. No more movements of bowels till about 6 o'clock P. M., when a natural movement occurred. During the day there was, at times, a great deal of sickness of the stomach, almost amounting to vomiting, so that several times I was obliged to lie down.

The attacks came on every ten or twenty minutes, and lasted from three to five; they extended up into the throat, and the parts about the larynx seemed constricted.

Frontal headache, at times quite severe, but worse while the nausea remained.

Belching of wind, and constant feeling of weakness in the rectum.

At 3 o'clock the next morning was awakened by an urgent desire to have a stool. Movement very free and watery; came with a gush, a little pain just before and after. Awakened again at 5 o'clock as before, and had another similar movement; also, another at 6 A. M. At 8 A. M. had an ineffectual inclination to a movement.

No more evacuations throughout the day, but felt a weakness in the bowels particularly about the rectum and anus. The dull headache continued till about 11 o'clock, when there was a slight hemorrhage from the nose, after which the headache was relieved.

The tongue was coated white in the centre, with a dark streak along the edges; very little ambition, and felt the least pain when lying down. The symptoms all passed off during the second day, and I would have taken more had I not believed I should have been wholly incapacitated for business.

I can trace the above symptoms to no cause except the petroleum, as I was, at the time of taking it, in usual good health, bowels are regular, and I had not deviated from my customary diet. Were it not for this I should hesitate to present so fragmentary a proving.

During the summer I administered it in about a dozen cases, and from the 3d to the 6th dilution, sometimes in alternation with other remedies, and sometimes alone. Of these dozen cases, seven or eight, I am confident, were benefited by its use, but in the remaining four I could see no result. The first seven or eight all complained of a weakness of the rectum, with pain more or less sharp and cutting in the bowels, principally below the umbilicus, and a desire for frequent movements between the passages.

In some, the discharges were simply diarrhœic, light yellow and watery, while with others it was bloody and slimy. They all had many symptoms pointing to mercurius sol. and mercurius corr., and in a number of them I had given these remedies without satisfactory results, when a few doses of the petroleum changed the case by lengthening the interval between the diarrhœic stools, or substituting for the dysentery a simple diarrhœa, which soon passed away without trouble.

A couple of cases will illustrate :

CASE I.

Mrs. D. C——, aged about 65, was taken with a diarrhœa which proved very obstinate. There was nausea, pain in the bowels, mostly before and after a movement, great weakness in rectum, lightish yellow discharges, which increased in frequency so that they were every ten or fifteen minutes. Had treated the patient about a week, and had given chamomilla, ipecacuanha, aconite, mercurius sol., pulsatilla, and arsenicum, the disease meanwhile steadily increasing. I now changed to petroleum[3], and from the first dose there was a marked change, so that during the first day of its use she had only three discharges, and on the third day thereafter was able to sit up, and was nearly as well as ever.

Case II.

The other was one of dysentery, with much the same symptoms, and in addition thereto bloody passages. Had been treating the patient eight days, without change for the better; had given aconite, colocynth, mercurius sol., mercurius corr., nitric acid, pulsatilla, when, on the eighth day, as typhoid symptoms seemed to be manifest, I left aconite and rhus tox. On the next day the indications for aconite were gone, but there was no change in the discharges. Gave rhus[3] and petroleum[6]. The following day the bloody discharges had nearly all subsided, leaving in their place a simple diarrhœa, at times streaked with blood. Omitted the rhus and gave the petroleum alone. From this time improvement commenced, and in a few days resulted in perfect restoration.

Some may argue that as I gave the petroleum in alternation with the rhus, I cannot be sure that I received any marked benefit from that alone. Perhaps that may he so, but as I had given the rhus before without such a decided change, I think it must be admitted that the petroleum played an important part, since the change for the better commenced with its use, and continued without any relapse while that was used alone, till a cure took place.

ARTICLE XLIX.

Treatment of Diseases Peculiar to Females. By Wm. A. Hawley, M. D., of Syracuse, N. Y.

Conformably to the request of this Society, made at its last meeting, when the subject of Female Diseases was made the order for this meeting, I have prepared the following, which I present, not as embodying anything new, but as expressing, as concisely as I am able, my own view of the diseases in question. More than this I trust the Society does not expect.

If disease is ever purely a local affection, then may it be, both philosophically and successfully, treated by local appliances. As the watchmaker would most carefully scrape off the first particle of rust on the hair-spring of a watch, and apply oil to prevent its further spread, so may the physician cauterize an ulcer, and apply his emollients to prevent its spread, if it is, like the rust, a purely local disorder. But till there can be disease in dead bodies—disease which progresses in dead bodies, and not the mere results of disease—it seems evident to me that there can be no

such thing as a purely local affection. What can any local disturbance be, other than the manifestation and result of some force or forces, which, attaching themselves to the vitality, so divert it from its normal direction as to produce the given local disturbance. There may be, it is true, disease as the result of external and local injury, as a burn, for instance; but if that local injury is not so serious as to involve the vitality in the shock, there can be no disease, and the processes set up for the recuperation of the injury are in no sense pathological, but purely normal and physiological, and will surely result in cure. Whatever appliances are necessary to aid this result belong not to medicine but to surgery.

Hahnemann, in his Organon, section 185, *et sequentes*, seems to me to have exhausted this question of local disease, and local treatment, and to have left nothing more to be said.

I take it that no man, imbued with the spirit and faith of Hahnemann, would even so much as think of treating an ulcerated throat or cornea with local applications. Why, then, resort to them for an ulcerated uterus? Certainly the diseases peculiar to females are no more truly local in their character than those just named. But, perhaps it will be said, the question presented was one of practice rather than of principle. As I understood it, it was, "Are the members of this society, as homœopathists, in the habit of treating female diseases without local applications?" That is, as it seems to me, are they in the habit of treating female diseases homœopathically?

For myself, I can only say that, since I became convinced of the truth of Hahnemann's philosophy of disease and cure, I have not even been tempted to resort to any other than constitutional means for the cure of that class of diseases. Indeed, the longer I practice, and the more I study the system of homœopathy, the more I am convinced of its truth. Applying its principles, to the best of my ability, in the treatment of female diseases, my success has, in the main, been such as to be satisfactory to myself, and, so far as I know, to my patients. When I have failed, as sometimes I have, it seems to me probable, at least, that the failure has been because I have allowed the local and apparent lesion so to occupy my attention as to divert it from less marked but more characteristic symptoms. Indeed, the conclusion of the whole matter appears to me to be, that, in the treatment of female diseases, as in all chronic diseases, if we would be successful, we must seek out all the symptoms of the case, that we may know,

and cover with our remedy, its characteristics. Doing this, we shall cure the patient. My observation, study and experience more and more confirms me in the opinion, that these characteristics are generally to be sought for, and will be found, among those symptoms known as subjective, rather than among the pathological and objective ones.

The question will, perhaps, be asked "What of those diseases which are attended with displacement of the uterus, and its appendages?" Doubtless some of these call for manual interference, in order to return the organ to its normal position, but even then can only be cured by such constitutional treatment as shall give to the general system such tone as shall forbid the recurrence of the displacement. I have often found a valuable adjunct in the treatment of displacement of the uterus, in certain movements, devised by Ling, a Swedish physician, and made known to the profession in this country by Drs. Taylor, of New York, in their books on the Movement Cure.

ARTICLE L.

Clinical Observations. By T. DWIGHT STOW, M. D.

Somewhat related to the question of Drug Provings before us to-day, and in compliance with a request of our mutual friend and fellow-laborer, Dr. C. W. Boyce, I offer the following clinical record, hoping that it may be of practical value.

CASE I.

On the 11th of September, 1867, I was called to see a fat, black-eyed, light-haired boy, twenty months old, the son of Mr. and Mrs. T. D——, of Palermo, N. Y. The little fellow had a sallow countenance, tongue coated thickly, a dirty yellow or yellowish white, with clean tip and edges; had thirst, drinking much at a time, but not often. Thin but copious nasal discharge, griping in abdomen, with frequent discharges of small yellow, green, slimy, and bloody stools, accompanied with tenesmus and straining. He had also a little nausea during, cutting before, and chilliness during or after stool—the cutting and nausea disappearing after stool. When angry, nausea, vomiting, and diarrhœa. Left mercurius sol.

200, every four hours, with directions to discontinue when he was better.

September 13th.—No nasal discharge, less tormina, stools now white, slimy, bloody, with increased frequency and straining. Gave nux vom. 200.

September 15th.—Stools green, yellow, slimy, bloody, great cutting in abdominal region, before and during stool, less straining and tenesmus. The child, up to this, had little or no fever, as recognized by pulse, color, or temperature of surface. Was up and down the room, but growing weak and languid. In the course of the mother's statement of the child's symptoms, she accidentally dropped the remark that whenever the cutting in abdomen came on, the child would run to its little chair, and, throwing its belly across the upper part of the chair-back, remain there until it got relief, which seemed to be hastened by the act! Recollecting the characteristic of colocynth, "With every pain in abdomen he leans or presses upon the corner of table or bed-post," I gave six powders of colocynth 200. Three of the powders completely cured the case; and, as his mother remarked to me in November last, he was never so well before. He had but one or two dysenteric stools after that date.

CASE II.

Was called to see Mrs. D——, the mother of the child spoken of above, on Tuesday, November 5th, 1867. She was obliged to sit up, leaning her right side against the pillowed rocking-chair, that the pain in the left chest might, with the dyspnœa, be relieved. Had a frequent but small pulse; tongue clean, bowels constipated in some degree; had not menstruated for two months or more; pregnancy suspected; had no morning sickness. Urine quite natural. Auscultation and percussion yielded nothing but slight dullness and limited murmur, and nothing but frequency and diminished strength of heart's action. I was a little puzzled. Noticing that her neck and waistbands, with her skirts, were loosened, I asked her why so? She replied: "Oh, land, I can't have them touch me!" Thinking it vain to question her more, and puzzled as to the pathological condition, but at the same time regarding it as some cardiac affection, and recollecting that the characteristics were those of lachesis, I left one dose of lachesis 200, and twelve powders of sac. lac. That night all of her symptoms were materially aggravated; so much so that they were decid

ing to send for me; but toward morning, and after, she steadily improved until well.

Case III.

Called November 12th to see Miss Alice S——, a large, light-complexioned, dark-brown haired, blue-eyed young lady of sixteen, and of scrofulous diathesis. She complained of very great soreness, with redness, tumefaction, and diphtheritic covering or patching of the left tonsil; could swallow water, but scarcely saliva or solids. On swallowing, pain extending to left ear, sensation as of lump in the larynx; sensitive to external touch. Gave lachesis[30], in aqueous solution. November 13, patient better, but exudation on right tonsil. Continued lachesis as before. Dose every three hours. November 14th, convalescent. Has been well ever since.

Case IV.

A boy ten years of age and brother of the above young lady, complained, November 14, of soreness in right of fauces, headache, nausea, vomiting, chilliness. Right tonsil swollen, dark red, patched with diphtheritic, could swallow warm drinks best, fan-like movement of nostrils. Left lycopodium[30], six powders, one every three hours. November 15, convalescent. No return of malady.

Case V.

Mrs. Q——, light skin, brown hair, blue eyes, married, twenty-five years of age, and eight months pregnant, during the prevalence of diphtheria sent for me. She complained of a lump in the upper trachea, with hawking of mucus, and a sensation of hairs across the base of tongue, which neither hawking, swallowing, nor eating relieved. Gave at first lachesis[30], but she got no better. Next day, December 7, gave kali bichromicum[30]. One half of the prescription, ten powders, entirely cured her.

Case VI.

Some time in Augnst last, saw a babe, the daughter of Mr. and Mrs. Alexander K——. The child had a diarrhœa of three weeks standing, stools painless, worse mornings, thin, watery, with loud fluid rumbling and gushing out of stools. One prescription of jatropha curcas entirely cured the case. Some two or three weeks after, the child had five or six stools of the jatropha kind, and one dose of jatropha cured it.

CASE VII.

In June last met a friend, who solicited a private interview, and having assured himself that no spectators were present, said: "See here, what under the heavens ails me?" And stripping up his coat and shirt sleeves, showed me his arm which was covered with a dry and itching eruption, relieved by scratching, aggrevated by the heat of the stove or in the heat of bed. His whole body was covered in like manner. He ate but little and drank much, looked pale and grew poor. Gave sulphur 5^{m}, one dose, and ten powders of sac. lac., one to be taken at 6 A. M., and another at 9 P. M. Some four days after I met him, and he asked what I gave him? I replied I would tell him some time. He remarked that during the night that he took the remedy, his symptoms, particularly the itching, were aggravated, but since, he has not been troubled in the least. A week or more, one or two boils appeared, which, when matured, were the last of his disorder.

CASE VIII.

July 1st, 1867, was called into a dilapidated building in the town of Palermo, Oswego county, N. Y., to visit a case of intermittent fever.

A stout, bronzed, wood-chopping Frenchman of twenty-three years, lay upon a bed during the pyrexia of a paroxysm of tertian ague. He stated his case thus: Had intermittent fever all the spring, in Jefferson county. Broke it up with quinine, and it as often returned. Had my first attack June 25th. "First, chill without thirst, at 10 or 11 A. M., shaking chill, felt as though water were running down my back, blue surface, shrunken skin, fever burning, great thirst, drinking little but often, marked prostration, dry parched tongue, little or no sweat, irritable and melancholy." Gave arsenicum ^{30}. Ten powders cured him, and he had no more.

I might report case after case, corroborating the law similia, dynamization, and the single dose, etc., but I have no time, and the citation of these is enough of encroachment on your time. Especially of lachesis, could I bring forward cases of great interest. Now, how do these cases bear relation to drug proving? In the cases cited, you will take notice that I was governed in my selection, not only by the similitude which the pathogenetic symptoms of the drugs bore to the symptoms of the cases, but the characteristic symptoms governed my choice! Now, in proving

drugs, we find that crude matter produces symptoms different from the symptoms produced by potencies. The first class produce symptoms more superficial, the second class those which are deeper seated, and, as Hahnemann, in section 153, of his Organon, says, are striking, peculiar, uncommon, characteristic. Now, lycopodium produces a kind of angina faucium, but not in massive doses. Only after its trituration and potentization do we get the full and true digest of its symptoms. And if you will carefully note the pathogenesis of this drug, you will see that it abounds in characteristics, and that they only appear after the provings made with potencies of a high order. The same is true of silicia, arsenicum, natrum mur., etc., and these remedies abound in characteristics. As we have embarked in this enterprise, and as we have unmistakable evidence of its value, let us make it a splendid one, as we only can by a faithful adherence to its cardinal principles. I commenced my career as a homœopathic physician with doubt and trembling, but as years have sped they have been exchanged for faith, hope, and, I may say, with steadfastness. Brethren! we are on the right road.

CASE IX.

January 22, 1868, was called to see a lad, C. J——, age 16 years; hair light brown, eyes blue, complexion sallow. Complains of a lump in left side of throat, and below the tonsil of that side. Much hawking, spitting of mucus and dark glue-like phlegm. When he swallows, a sharp pain runs to left ear. Cannot swallow saliva, but swallows water best; swallows solid food better than saliva, but with more pain than water. Fauces bright, red, and dry. No exudation apparent. Slight chilliness, no fever.

Characteristics.—Is worse after sleep, and in the morning; worse after touching the neck over seat of pain. Empty swallowing is perfectly agonizing; and inclines to lie down.

Treatment.—Gave six powders of lachesis, ^{30}. January 23d, found a neighboring lymphatic greatly enlarged, more pain when swallowing solids, and more sensitiveness to external touch. Exhibited lachesis, ^{cc}., six powders.

January 24th, found my patient in the street, and calling himself "all right." No return of malady, and swelling very much reduced.

CASE X.

M. A. G——, an Irish servant, hair dark, eyes blue, and quite stout and compact; complexion ruddy. Complained, February 4th, of pain in upper part of the throat, and soreness of right tonsil. Had a chill, and then high fever, early this morning. Can not swallow warm drinks; fauces dark-red, and inflamed; large patch of diphtheritic deposit on right tonsil.

Characteristics.—Attack first in right side of fauces, and later in left side. Worse when swallowing warm drinks, and after sleep. Fan-like movement of *alæ nasi*.

Treatment.—Administered lycopodium[30], in powders, one every three hours. On the next day found right tonsil looking better, also the left throat, but left tonsil patched; other symptoms lighter. Continue lycopodium. February 6th, found the patient so much improved that I left only sac. lac. February 7th, continued rapid improvement, and I discontinue the visits.

CASE XI.

Sometime in November last, was called to see a girl, twelve years of age; hair black, eyes black, complexion dark, and the patient very thin. Last April had three attacks of tertian ague, suppressed with quinine. For a year prior her health was poor, and she complained of erratic, drawing pains, with considerable lameness. On or near July 15, 1867, she complained of pain in her left foot and hip. Her foot became œdematous and numb; pain through entire limb, jerking, lacerating. As she expressed it, it seemed as if knives thrust through the flesh, which felt pinched up, pulled up also. Extremely sensitive to touch, jars, and pressure. When her sisters came near her she would cry, and put her hand out to push them off. When sitting, she rested on the fore part of chair, with the left or affected limb drawn back, and flexed upon the thigh. Appetite very poor, tongue white, thirstlessness, and no good sleep.

Characteristics.—Patient weeps easily. Extremely sensitive to touch. Left side. Gets chilly, and then the greater the pain. Aggravation of all symptoms at night, and before midnight. melioration by shifting position, and warmth.

Treatment.—At first give one dose of bryonia[cc]; but after a few days the father came to me, saying she was no better. Investigated the case more closely, and then gave one dose of pulsatilla 6[m]. and sac. lac. fifteen or sixteen powders. Since that day she

has nothing but sac. lac., and from the date of giving pulsatilla, there has been a rapid and remarkable improvement. Brings her feet together, gets up and down without help, has no pain, bears great pressure over the affected limb, plays with her doll, and with other children; sleeps well and has an excellent appetite.

I should say, that she had been dosed for months with morphine, and was given up as incurable. All of her surroundings indicated extreme poverty; a poor, sick and feeble child.

Case XII.

Mrs. W——, of Palermo, N. Y., aged 83 years, hair gray and very thin, was attacked, January 23d, with bronchitis. First, had a heavy chill, followed with inflammatory fever. Pulse full, hard, frequent; thirst, dyspnœa; twenty-five respirations per minute; cough dry, hard, deep; expectoration frothy and sanguineous.

Treatment.—Aconite^{6th}, in aqueous solution, every two hours.

January 24th.—Pulse softer, not so hard or frequent, less fever; bryonia^{cc}., every three hours.

January 25th.—Patient much better, all of the symptoms relieved, but she had a gluey expectoration, stringing from her mouth to her feet. As this latter is a characteristic of kali bichromicum, I gave her a few powders of the thirtieth potency. In two days she was convalescent. Entirely recovered.

Case XIII.

Last August Mrs. B——, of Palermo, N. Y., came to me complaining of severe headache. Pain in forehead, with sense of pressure, fullness, vertigo, drowsiness, nausea; eyes red and glistening; head felt large. Had this headache for a year or more, with intervals of two or three weeks. Had exhausted her patience, and a very large number of remedies (allopathic), in trying to cure it, but grew worse.

Characteristics.—Aggravated by stooping, noise, heat, motion, looking at shining or glistening objects. Amelioration, by pressure, lying down, leaning the head against something, quietude.

Treatment.—Give six powders of belladonna^{cc}., and ten powders sac. lac. She was to take the belladonna, one powder, on retiring, sac. lac. during the day. Took three powders of belladonna, and has had no more headache. She is better than she has been for two or four years past.

ARTICLE LI.

Bryonia in a Case of Cephalalgia. By R. E. BELDING, M. D.

G. G. M——, aged 25, tall, slender, light hair and eyes, nervous temperament, was taken, on February 6, 1868, with the following symptoms: Sticking, jerking, throbbing pains from the forehead, malar bones, and upper teeth, back to the occiput; soreness of the eye-balls, hot, scalding tears, and nasal discharges; says the internal head feels as if the eyes were removed, and molten lead poured in the sockets and nasal passages; delirium, talking incoherently, distracted with pain; profuse sweat, with chills; dry cough; pains worse from the least motion.

Remembering a remark of Dr. Carroll Dunham in the "Homœopathic Review," Vol. VI., page 110, that bryonia was characterized by sticking, jerking, throbbing from the forehead, teeth, and malar bones to the occiput, from before backward, and that there was much dread of motion, bryonia^{200}, three doses, was given, and in two hours the pain was gone, and the patient asleep. Some soreness remained for a day or two, and the next night he had a slight return of the pains from being up nearly all night, and getting chilled; but another dose of bryonia set all right immediately.

These attacks are hereditary, his father being to this day a great sufferer from like attacks. Since the son was four years old, every year has brought him from one to three attacks, mostly in winter, from the acute pain of which he has never before escaped in less than seventy-two hours, and sometimes it lasts nine days, leaving him very much prostrated.

You will observe one or two symptoms in the case which you would not expect to find under bryonia, such as the intense burning in the eye sockets and nasal passages, with the profuse, watery, burning discharge from the nose and eyes; but these were the first to disappear.

These attacks commenced with sneezing, and a stuffed feeling of the nose and whole head, and arise from taking cold, and from severe mental exertion.

If this may help to impress on your minds a characteristic of this remedy, and you be thereby enabled to relieve some of these distressing cases, my object in writing this paper will have been accomplished.

ARTICLE LII.

Digitalis in Vicarious Menstruation. By Wm. Henry Hoyt, M. D.

Mrs. R. R——, aged 26, blonde, good physique, pulmonary tendencies hereditary. Coming up Lake Ontario last summer, was seized with a peculiar cough and strangulation, which seemed almost to choke her to death. The paroxysm lasted an hour or more, and resulted in the expectoration of a liver-colored mass of sputa. These attacks repeated themselves frequently, and usually came on before the catamenia, with pains in the chest, difficulty of using the arms; pain in the hepatic region, and through the back, and extending to the knees. Pain in the scapular region and hand of right side, with paralytic sensations. Cough at night, choking and spasmodic, compelling her to jump out of bed, with attacks of choking, and a valvular constriction in the throat before discharging the sputa. Expectoration of a solid, bloody mass of mucus, which, when discharged, affords immediate relief. Occasionally leucorrhœa before catamenia, also nasal hemorrhage. Changes of weather bring on the attack, followed by the expectoration of tough, ropy mucus at night. Cough at times like whooping cough. Sore throat, and soreness of œsophagus. Great difficulty in detaching the mucus; oftentimes presenting a rusty, black, and clot-like appearance. Cured with digitalis[12].

HOMŒOPATHIC MEDICAL SOCIETY OF NORTHERN NEW YORK.

ARTICLE 53.—List of Officers. Committees and Members.
54.—Proceedings of the Annual Meeting, held July 14, 1868.
55.—Eulogy of the late W. G. Wolcott, M. D. By B. F. CORNELL, M. D., Moreau Station, N. Y.

ARTICLE LIII.

List of Officers, Committees and Members.

Officers elected July 14, 1868.

Drs. Z. Clements, Saratoga, President.
A. W. Holden, Glens Falls, Vice President.
J. F. Miller, Cambridge, Secretary.

Censors.

Dr. Chas. Lowery, Dr. B. F. Cornell, Dr. H. K. Bennett.

Committees.

Drs. B. F. Cornell, Diphtheria.
A. Harvey, Typhoid Fever.
David A. Bullard, Surgery.
Samuel J. Pearsall, Epidemics.

Honorary Members.

Drs. Harman Switz	Schenectady, N. Y.	1862
A. Harvey	North Adams, Mass.	1862
W. H. Randel	Albany, N. Y.	1867
H. M. Paine	do	1867
E. D. Jones	do	1867
Elial T. Foote	New Haven, Conn.	1867
Carroll Dunham	New York city	1867
I. T. Talbot	Boston, Mass.	1868
Lyman Clary	Syracuse, N. Y.	1868
A. R. Morgan	do	1868

Members.

Drs. H. K. Bennett	Whitehall	Washington county
*W. G. Woolcott	Whitehall	do

* Deceased.

Drs. Charles Lowrey	Union Village	Washington county.
J. F. Miller	Cambridge	do
L. W. Kennedy	do	do
†Moses Buckley	do	do
Charles M. Mosher	Easton	do
James Rice	Fort Ann	do
*W. F. Harding	Granville	do
Charles Crandall	North Granville	do
†Charles Wilbur	East Granville	do
†J. P. Mason	Greenwich	do
†John Sarle	North Granville	do
B. F. Cornell	Moreau Station	Saratoga county.
Edgar B. Cole	Waterford	do
†L. G. Perkins	do	do
S. J. Pearsall	Saratoga Springs,	do
Zina Clements	do	do
†G. H. Mitchell	do	do
†R. J. Easton	do	do
†G. H. Westcott	do	do
*M. J. Whitton	do	do
†J. B. Ward	do	do
†J. E. Seeley	do	do
J. F. Doolittle	Ballston, Spa	do
†C. T. Harris	do	do
Peter H. Hulst	Schuylerville	do
David H. Bullard	Glens Falls	Warren county.
A. W. Holden	do	do
†J. L. Stoddard	do	do
James Cromwell	Cadwell	do
Simeon A. Cook	Troy	Rensselaer county.
M. W. Campbell	do	do
W. S. Searle	do	do
C. H. Carpenter	do	do
J. P. Bloss	do	do
R. D. Bloss	do	do
H. J. Ward	do	do
†John Younglove	do	do
†George Kellogg	do	do
*R. S. Bryan	do	do

* Deceased.

† Removed without the limits of the Association.

*Drs. Richard Bless	Troy	Rensselaer county.
*J. P. Mosher	Schaghticoke	do
H. E. Fuller	Lansingburgh	do
†A. M. Cushing	do	do
D. W. Pitts	Johnsonville	do
J. T. Niver	Cohoes	Albany county.
†G. H. Billings	do	do

The annual meeting is held in Saratoga, on the second Wednesday in July.

ARTICLE LIV.

Proceedings of the Fifteenth Annual Meeting, held July 14, 1868. By J. F. MILLER, M. D., of Cambridge, Washington County, Secretary.

The annual meeting of the Society was held at the Columbian Hotel, Saratoga Springs, Tuesday, July 14, 1868. The meeting was called to order by the President, Dr. C. H. Carpenter.

The attendance was larger than usual. A number of new names of homœopathic physicians residing within the limits of the Association were added to the list of membership.

The minutes of the last meeting were read and approved.

The President delivered a short address, in which he congratulated the members on the prosperity of the Society, as evinced by a steady increase of membership, and concluded by urging the profession to take a deeper interest in sustaining county and local organizations.

Drs. Cornell and Lowrey were appointed a committee to investigate charges of irregularity in practice brought against Dr. L. W. Kennedy. The committee presented the following report:

Your committee, to whom was referred the charges of irregularity in practice against Dr. L. W. Kennedy, respectfully report, that we have investigated the charges preferred and that we believe them fully sustained.

We recommend that further action on the part of the Society be suspended till the next annual meeting, and that Dr. Kennedy be informed with regard to the action taken at this meeting, and be summoned to appear at the next meeting, in order to show cause why he should not be expelled from the Society.

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* Deceased.

† Removed without the limits of the Association.

The following resolution, offered by Dr. Miller, was adopted:

Whereas, Members of this and other homœopathic medical societies encourage their students in medicine to attend allopathic medicals chools, thereby bringing reproach upon the homœopathic system of practice, and favoring the belief, inferentially at least, that the curriculum of study is not complete, and that a thorough medical education cannot be obtained in the homœopathic medical schools of this country. Therefore,

Resolved; That a committee be appointed to present this important subject for consideration at the next meeting of the State Medical Society.

Drs. Cornell, Lowrey and Miller were appointed such committee.

The discussions on practical medical subjects in the several departments of medical science, giving the results of the experiences on the part of members present, were interesting and instructive.

Dr. H. M. Paine spoke of the frequency of cases of *coup de soleil* during the present very hot season. In connection with his remarks he read the following statement, taken from one of the daily papers:

"In every instance where one is found fainting in the street on a hot day, the first thing to be done is to remove the person to as cool and shady a place as can be found, and, if possible, to where a draught of air is blowing at the time. Bystanders and mere curious idlers should be kept from crowding around. The next is to send in all directions for a doctor or skilled apothecary. But as it frequently happens that neither a doctor nor an apothecary can be had in time, those who take charge of the sufferer should know how to act, for they may save his life. For their information the following treatment is suggested:

"They should understand that there are two morbid conditions resulting from excessive heat. These two differ somewhat in their symptoms, and require a somewhat different treatment.

"The first of these occur during hot weather, after undue exertion on the part of the person thus affected. The man is faint, perhaps unable to move, though he can generally be roused; he has a feeble pulse and a *cool* and *moist* skin. Here there is simply a loss of nervous power, and relief is promptly afforded by removing him to a cool, shady place, applying cold water or ice to the head, and administering iced brandy and water, iced wine and water, or other stimulant.

"In the other and more fatal form of this affection a different set of symptoms show themselves. Here the patient suddenly falls to the ground, completely unconscious; his skin is pungently hot and dry, his breathing hurried, convulsions are not uncommon; and, if proper treatment be not promptly resorted to, death soon takes place. In this case also, the patient should be promptly removed to a shady and cool spot, perfectly private, so that the crowd may be kept off without fail. His clothing should be stripped off and his whole body should be rubbed with ice from head to foot, and pieces of ice should be kept under the armpits. This should be steadily persevered with until the patient is restored, or until a doctor arrives, or until it is plain that the case is beyond recovery.

"This treatment has been found to be so eminently successful by one of our best physicians, that he feels justified in saying, from his own knowledge and observation, that if applied promptly recovery is almost certain."

Dr. Paine thought that the instructions given in the above extract with regard to the free application of ice in the second stage of the disease highly pernicious, and if fully carried out would result in greater injury than benefit to the patient. He would advise the application of heat rather than cold, with a view to the restoration of the torpid circulation, and would administer appreciable and frequently repeated doses of aconite and belladonna.

Dr. Cornell cited a case which occurred on the day previous in his own neighborhood. The case resembled the one described in the paper read, in the first stage of the disease, and was cured without the aid of a physician by the means therein recommended. He was placed in a recumbent position, warm applications were made to the extremities, brandy in moderate quantity was administered. In a few hours he was able to attend to his ordinary avocations.

Dr. Pearsall stated that he had employed aconite, belladonna and glonoine with benefit in both the first and second stages of the disease. He had more confidence in the use of warm applications than cold in the stage of collapse.

Dr. Cornell would give aconite in frequently repeated doses and apply ice to the head. Where he resided in Mississippi, several years ago, he treated many cases of congestive fever. There was internal heat with external coldness. The chill came on first, as in

intermittent fever. The usual allopathic, treatment at that time, consisted of twenty-five grains of calomel followed by an active cathartic. This was repeated on the second day and also on the third, in case the medicine fail to act vigorously.

The patient usually died during the third chill. One physician of his acquaintance gave 1300 grains of calomel in thirty-six hours. The patient, a minister, did not recover. The doctor advised his friend, the allopathic physician (he was then an allopathic physician himself), to try a warm bath and apply warm friction to the surface. He did so in his next case, and his patient rallied in two hours.

Dr. Cornell stated that in all cases of congestion of the brain he resorted to hot applications to the surface of the body and extremetics, and cold to the head.

Dr. Paine stated that in the treatment of cerebro-spinal meningitis he had found the external application of heat to the surface to be of great benefit.

Dr. Cornell related the history of a case which had recently occurred in his neighborhood. The patient, a boy, soon after wading in a creek was seized with pain in one leg, which swelled greatly in size to the body, and was covered with purple spots. The little fellow soon became insensible and died in thirty-six hours.

The family did not call a physician. Ordinary domestic remedies were employed.

In the same locality another case occurred, that of a little girl six years of age. The attack was ushered in by vomiting, intense headache, and the formation of purple spots on the surface of the body. The doctor gave, during the first twenty-four hours, aconite and belladonna, followed by belladonna and arsenicum. In the course of a few days the spots disappeared, and the patient fully recovered.

Still another case occurred in the same vicinity, which proved fatal, under allopathic treatment, in thirty hours.

Dr. B. F. Cornell read an eulogy on the late Dr. W. G. Wolcott. A copy was ordered to be printed in the Washington County Chronicle, and in the "Transactions of the State Medical Society." See Article LV.

The officers elected and committees appointed are published on page 310.

ARTICLE LV.

Eulogy of the late Dr. W. G. Wolcott. By B. F. CORNELL, M. D., of Moreau Station.

MR. PRESIDENT AND GENTLEMEN—Again we are admonished of our mortality by the loss of one of our most intelligent and highly respected brothers in the profession, and member of this Society.

William Grosvenor Wolcott, M. D., was born in the town of Shoreham, Vt., September 28th, 1816, studied medicine with W. A. Hitchcock, M. D., of that town, attended a course of lectures at Castleton, and graduated at Berkshire in the fall of 1839.

Dr. Wolcott settled in Portland, Chautauqua county, N. Y., in 1841. Soon after this period, Providence, who selects his agents to carry forward all great reforms, brought Dr. W. in contact with Dr. John F. Gray, of New York, then on a visit to his father and his brother, Dr. A. W. Gray, in Portland, and from frequent interviews and conversations with Dr. Gray on the subject of homœopathy, he became much interested in this new medical theory, and notwithstanding the ridicule and obliquy attendant, he had the moral courage, young as he was, to commence testing a system of which he has been a devoted and unwavering advocate and exponent to the close of his existence, a period of at least twenty years. In 1841 scarlatina prevailed extensively in Portland and vicinity, of a highly malignant character, and under allopathic treatment with great mortality. Dr. A. W. Gray advised the trial of homœopathy in this virulent disease. To this Dr. Wolcott consented, provided Dr. Gray would consult with him as to the proper remedies to be used. They read and prescribed as well as they could, groping in the dark, but to their astonishment, with much better success than attended the allopathic efforts, yet they hesitated about adopting the practice entire. Dr. Wolcott continued to try and test this system of practice for two years, treating a portion of his patients with one system, and another portion with the other, comparing the results, adopting homœopathy as fast as confidence warranted, till in 1845 he removed to the pleasant village of Westfield, in Chautauqua county, and established himself as a homœopathic physician. In 1846 he formed a copartnership with Dr. L. M. Kenyon, a graduate of the old school, who had recently come out in favor of the new system. Under this copartnership they soon acquired an

extensive and laborious practice, which with the lake winds undermined Dr. Wolcott's health, and from repeated attacks of hemorrhage from the lungs, he was compelled with much reluctance, to leave the lake shore, and remove to Whitehall, Washington county, N. Y., where he remained to the period of his death, on the 7th day of September, 1866. He died of acute pneumonia. He married in 1847, and leaves a bereaved wife and daughter to mourn his loss.

The above sketch is taken from data, furnished in part by the doctor himself to Dr. Elias T. Foote, of New Haven, Connecticut, and by him incorporated in a report to the Homœopathic State Medical Society of New York, on the introduction of homœopathy in Chautauqua county, N. Y.* In 1852, in the counties of Saratoga, Washington and Warren, there were but eight physicians practising homœopathy. A circular was issued, and on the 16th day of October, 1852, those eight pioneers met in medical convention and formed themselves into a medical society under the name of "Homœopathic Medical Society of Northern New York," to which was added Rensselaer county in 1859. From this small beginning the number of members has increased to over fifty practitioners. In this body our departed friend and brother has always sustained a high medical, moral and social position, and has been the recipient of all the honors it could bestow. He has been untiring in his devotion to the interests of the society and the cause we advocate. Nothing but sickness or unavoidable necessity prevented his attendance at our stated meetings. You will bear testimony to the assertion that he was the life of our organization. His genial nature, his smiling, cheerful countenance, and his warm friendship will never be forgotten by the members of this Society.

As a physician he was a model of energy, attention, kindness, clearness of preception and skillful adaptation. His memory will ever have a green spot in our hearts. No language I can use will convey so correct an idea of the estimation in which he was held by the community among whom he labored as a communication to the Whitehall Chronicle at the time of his death, and which I append.

DIED,

In this village, September 7th, inst., of acute pneumonia, William Grosvenor Wolcott, M. D., in the 50th year of his age.

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* Volume III, page 189, 1865.

Dr. Wolcott was a native of Shoreham, Vt. In 1837 he came to this village, where he spent most of the three succeeding years in teaching and the study of medicine. After being admitted to the practice of his profession, he settled in Chautauqua county.—In 1841 he returned here and was married, and in 1847 was permanently settled among us. Since that time he has been engaged in an extensive medical practice, besides filling several important public positions. For a time, in addition to his other pursuits, he was engaged in editing the Whitehall Chronicle. Several articles from his pen were extensively copied by the leading papers of the State. For the last few years his health has been greatly prostrated—the result of series of injuries—yet, his mental energy kept him active in professional labor, often against the protest of his friends.

He was always prompt in decision and energetic in action. His mind was characterized by great clearness and activity. His convictions were very clear and decided, and his utterance of them free and fearless, such as sometimes aroused opposition, but in his own household and among his personal friends he was a model of kindness. He was early the subject of strong religious impressions, though it is but a few years since he made a public profession of his faith. He loved the service of God, as was manifest by his fidelity at the family altar and in the social meetings of the church, where his voice was often heard in prayer, and occasionally in earnest exhortation. His views of the plan of salvation revealed in the gospel, were remarkably clear and correct, and his faith in the atoning blood of Christ never wavered. He knew in whom he had believed, and trustingly, without misgiving and without apprehension, committed his soul to the Redeemer's care and peacefully "fell asleep."

KINGS COUNTY MEDICAL SOCIETY.

Article 56.—List of Officers, Delegates, Committees and Members.
57.—Uterine Fibrous Polypi. By Henry Minton, M. D.
58.—Iodism. By J. Hawks, M. D.
59.—The Essential Nature of the Drug Curative. By P. P. Wells, M. D.
60.—Biographical Sketch of the late Dr. John Barker. By C. Dunham, M. D.
61.—Extracts from the Proceedings of the Kings County Medical Society. Tribute to the Memory of the late Dr. A. Cooke Hull; also, the late Dr. Horace May.

ARTICLE LVI.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. Henry Minton, President.
J. B. Elliott, Vice President.
Bernardt Fincke, Recording Secretary.
W. L. R. Perrine, Corresponding Secretary.
J. H. Aten, Treasurer.

Censors.

Dr. P. P. Wells, Dr. Wm. Wright,
Dr. E. T. Richardson.

Members.

Drs.	J. H. Aten	20 Hanson Place	Brooklyn.
	H. G. Billings	do	do
	A. C. Burk	142 Union	do
	Frank Bond	83 Court	do
	Geo. N. Bowen	50 Pierrepont	do
	J. P. Duffin	109 Remsen	do
	Gustave Bloede	Schermerhorn	do
	J. B. Elliott	Cor. Clinton & Fulton ave.	do
	Bernard Fincke	92 Livingston	do
	J. H. Gunning	73 Lafayette	do
	H. S. Gilbert	327 Bridge	do
	C. T. Hamilton	Atlantic	do
	S. C. Hanford	113 South Fifth	do
	W. H. Hanford	90 Fourth	do

Drs.	John Hawks	20 Jefferson	Brooklyn.
	Lester Keep	Gates ave. cor. Vanderbilt,	do
	Lester L. Keep	do	do
	Henry Minton	138 Remsen	do
	R. C. Moffat	29 Schermerhorn	do
	H. E. Merrill	88 Orange	do
	G. V. Newcomb	149 Adelphi	do
	G. W. Newcomb	do	do
	A. J. Palmer	Bedford ave.	do
	W. L. R. Perrine	83 Montague	do
	E. T. Richardson	87 do	do
	John G. Rosman	60 Pierrepont	do
	F. Stamm	52 Mescrole	do
	F. W. Shild	84 Clinton	do
	A. E. Sumner	105 Joraleman	do
	J. F. Talmage	106 do	do
	P. P. Wells	84 Clinton	do
	Jos. B. Ward	Bedford ave. cor. Broadw'y,	do
	Albert Wright	do	do
	William Wright	34 Fifth street	do
	E. L. Whitney	93 Lafayette ave.	do
	Melville Bryant	106 Adelphi	do
	W. C. Jardee	Monroe st. near Franklin.	do

ARTICLE LVII.

Uterine Fibrous Polypi. By HENRY MINTON, M. D.

Miss D——, aged about twenty-five years, medium size, auburn hair, blue eyes, amiable but very decided disposition, came under treatment about six years ago.

For some months previous to my seeing her, she had suffered repeatedly from uterine hemorrhage, attended with severe pelvic and hypogastric pains. Her case had always been looked upon and treated as one of severe menorrhagia.

Her catamenial periodicity was perfectly regular, never deviating a day from the usual twenty-eight, but the hemorrhagic engorgement was productive of the greatest suffering. Owing to the increasing severity of those attacks, I was consulted in regard to her case. I do not think that I have ever seen a more violent attack of uterine hemorrhage than this case presented on my first

visit. The hemorrhage and pains were frightful. It did not seem possible that she could survive many such attacks. The patient was very thin, pale and feeble—in fact, she was almost completely exsanguinated. The anæmia was not only manifested by the pallor of her skin, and the flabbiness of her muscles, but by the irregular breathing and palpitation of her heart.

Though I was informed that this attack was no more severe than many others from which she had suffered, and that in the course of three or four days this would pass over, and she would again be about the house, I, indeed, was quite apprehensive that the day had gone by when remedial means would be of much avail to the suffering creature before me.

The only ray of hope I could observe was in her indomitable will. Seeing me, I presume, looking rather despondent, she drew me near her, and whispered, for she could not speak loud, that she had lived through a good many such attacks, and could stand a good many more—*that she was not going to die yet.*

After making several prescriptions, and attending her through two of these attacks, I came to the conclusion that this was something more than menorrhagia dependent upon habit or an adynamic condition of the womb; the weight, tension, and severe expulsive pain which so tormented the patient, forbade the supposition that this was the disease. The immoderate flowing excluded the possibility of its being dysmenorrhœa. Were there a polypoid growth in the womb, the irritation would be constant and we would, therefore, expect the hemorrhage to be at least irregular in its periods, if not continuous. The whole difficulty was evidently dependent upon some organic uterine lesion, the nature of which could only be definitely ascertained by a vaginal examination.

I stated this conclusion plainly to the patient, and proposed an examination. Like a sensible girl, as she is, she at once readily consented. On passing the right index finger into the vagina, I discovered a large tumor, rather obscure in its nature, but which, nevertheless, I believed to be a polypus. I refrained from giving an opinion, until I had made a more thorough examination, which I promised to do on the following day. The next morning I found her suffering from severe pain, occasioned no doubt, by the excitement and irritation of the previous examination.

I have never had, before nor since, a patient that was so willing,

even anxious to afford me every opportunity of investigation that promised the least hope of revealing the true nature and location of her disease.

As a general thing, I am inclined to think that physicians are not thorough enough in their vaginal examinations—they too frequently feel a delicacy in making free use of all, or of employing every means of research in their exploration, and of repeating these explorations sufficiently often. The chief difficulty in treating uterine or sexual maladies is to overcome that fastidious delicacy which so often prevents the patient from revealing to her physician the whole extent and nature of her suffering. This reserve on the part of the patient is perfectly natural, proper, and highly to be commended; but it is the duty of the physician, when the gravity or obscurity of the case demands it, to explain to the patient the necessity of an examination that alone can reveal the true nature and indications of her disease. If she be intelligent, and places implicit confidence in her physician, she will at once accede to the request; if she refuses, it is clearly the duty of the attendant to decline assuming the responsibility of treating her altogether.

To resume, a thorough examination of the case amply confirmed my first supposition of a polypoid growth, about the size of a child's head, protruding from the os tincae, as an acorn does from its cup, the attachment being well up in the fundus uteri. I informed the patient as to what I had found, explained to her the nature and tendency of such growths, that it was the occasion of all her pains and flooding; that it could be removed, and she would soon regain her health and strength.

She was highly pleased with the prospect thus presented, and was willing to submit to any operation that held out the least hope of affording her relief. Previous to having anything done, however, she wished to consult her sister's family physician, who was an old and intimate friend of the family, and who had attended her long before the existence of a tumor had been suspected. To this I readily consented, as I knew him to be a man of sound judgment, of long experience, and well versed in uterine diseases. Besides, I was desirous of having my diagnosis confirmed by good authority; so, in case the operation did not prove entirely successful, I would be somewhat exonerated for attempting what I had no doubt he would inform the patient and her friends was a formidable undertaking. But, alas! when he came to examine her,

he pronounced the tumor carcenomatous. The patient certainly had a face indicative of malignant disease.

I made several attempts to have his diagnosis reversed, by consulting several others eminent in the profession, but without success. They all advised me not to attempt its removal, as the patient was already much reduced in strength, and would in all probability sink under the operation; that I would derive no credit from it, but on the contrary, would stand a good chance of aggravating a case which, if unmolested, might produce no more serious results than it had already done for months or even years to come.

It was of no avail for me to point out to them that every monthly attack was fast telling upon her general health; that what she gained in the interval was more than lost at each menstrual period; and that the disease, if not arrested, would, in a few months at best, end her existence. They pointed to her cachetic appearance, her emaciation, her waxen complexion, and the generally depraved condition of all her functions. They advised me to do all I could to strengthen and build up her system, to give her tonics and stimulants that would hold out hopes of assisting her in reproducing blood faster than she could lose it by her monthly attacks, to allay her pains by sedatives and soothing injections, but under no circumstances to attempt the removal of the heterologous mass.

Of course in the face of such authority I refused to operate, although frequently solicited to do so by the patient.

After this I prescribed for her at irregular periods, for something over six months, affording her some relief, perhaps, by modifying the uterine irritation and consequent nervous excitement, but doing little if anything to permanently benefit her condition. As far as I could observe, she remained in about the same condition as when I first saw her. During all this time, I made frequent examinations. I brought to my aid all the different specula and instruments that are ever made use of in such explorations. I was never able to reach its pedicle by passing my finger around the tumor, neither was I able to detect its attachment with a sound; still at every examination I felt re-assured that my first diagnosis was correct.

About this time, my patient, who was constantly consulting spiritualists, clairvoyants, and doctors and doctresses of every school and persuasion, heard of a female physician, in New York,

who had performed some wonderful cures of diseases similar to hers. I offered no objection to her consulting whom she pleased —on the contrary, I rather encouraged her in receiving a visit from the lady physician in New York. She sent for her. The doctress examined the tumor and was extremely anxious to attempt its removal, providing I would assist in the undertaking. For several reasons, this I declined doing; though at the same time, I advised the patient to place herself in the lady's charge. I did this because I honestly believed the tumor could be successfully removed, and I also believed the doctress competent to the undertaking.

Not to be baulked by my refusal, they perseveringly sought for other assistance, and finally secured the services of an eminent accoucheur of New York. After several failures they at length succeeded in getting a ligature around the tumor, and effected its strangulation. If I remember rightly, the ligature was some eight or ten days in cutting its way through the mass. As soon strangulation became complete, a most foul and offensive discharge came on, and continued long after the putrid mass had separated and come away.

From the subsequent history of the case, I have every reason to believe that the ligature, instead of being applied to the neck or pedicle of the tumor, was tied at or very near its middle, only embracing that portion which protruded from the os tincae. If this supposition be correct, it is not, therefore, to be wondered at that the tumor should again prove troublesome, that it should soon acquire new dimensions when the base or root, from which sprang all the vessels, nerves, and other apparatus concerned in its nutrition and development were left intact.

However, after this imperfect removal, or rather curtailment of the tumor, the patient soon began to gain strength and flesh; she soon lost her cancerous, cachectic appearance, and in an incredibly short time, she was enjoying good health—having gained about thirty pounds in less than three months.

This condition of improvement continued for something over eighteen months, when she again began to complain of excessive menstruation, and for which I was again called upon to prescribe. I soon ascertained that the tumor was fast acquiring its old dimensions. As I had always felt somewhat mortified that another should have reaped the benefit—and a real benefit it was, too, both pecuniarily and in professional *eclat*—that I should have

gathered, I resolved at once to peel this tumor from its bed so thoroughly that it would never grow again.

This resolve I at once made known to the patient, and from her received a most unexpected but firm and total refusal to consent to any such proceedings. She said she would rather let the disease take its own course, subject only to such control and checks as I could give it by medicines and astringent injections, than to lie for three weeks in agony amid such a mass of filth and foul discharges as she had once experienced. She would rather die, than submit to another operation.

At this time the tumor had not acquired sufficient size to have offered much impediment to its easy delivery—would have measured perhaps about four inches in its transverse diameter. It felt on examination per vaginum, about the size and shape of a child's head. My persuasive powers, however, were not sufficient to overcome her repugnance to an operation.

This was in 1863. I attended her along for some two years, anxiously watching the slow but sure development of the tumor. About this time I lost sight of my patient for something over a year—she having gone West, on a visit, to recuperate her declining health. Of course she failed to receive any benefit from this journey. She returned to her home disconsolate and discouraged. Firm in her resolve not to submit to an operation, she was constantly soliciting me to do something to relieve her distressed condition. On examination at this time, I found the tumor had acquired an enormous size; it completely filled the whole pelvic cavity; its lower portion emerging from the genitalia in form about like one's fist, its upper portion distending the abdomen to such an extent as to give the patient the appearance of being at least seven or eight months *enceinte*. The functions of urination and defecation were seriously impeded, in fact it was impossible for her to pass a drop of urine without first lifting the heterologous mass up from the floor of the pelvis.

The sufferings at each monthly period were fearful. She still continued perfectly regular; but when the flow did commence it was almost impossible to keep the breath of life in her till the hemorrhagic nisus had expended itself. The patient had become worn out from mental anxiety and physicial pain. She was wasted to a mere skeleton. She was pale, and had become almost thoroughly anæmical.

That portion of the tumor which protruded from the os exter-

num was rapidly undergoing decomposition; it had become discolored, and was emitting a most offensive discharge. It was fast becoming plainly evident, not only to myself but to the patient and her friends, that the sands of life were rapidly crumbling beneath her feet, and that, unless some stay was interposed, she would soon sink beneath her burden. I again urged the necessity of an operation, the success of which was even doubtful; still, it was the only hope left. This she *must* accept, or the alternative, which was to drag out a few more months of her miserable existence.

Thus brought face to face with the hideous visage of her pending doom, she became reconciled to an operation, and was anxious that an early day should be appointed for its performance.

It being settled that the tumor should be removed, the question now uppermost in my mind was, *how* should it be accomplished? Should it be by enucleation, or by excision? If by excision, what instrument should be used—the knife and scissors, or an ecraseur. My favorite method of removing such growths is by the ecraseur. Properly speaking it should not be called an excision; it does not make an incised wound; its effect upon blood-vessels being similar to that of torsion, and very much lessens the danger from hemorrhage. It must be remembered, that as yet I had no idea, or at least but a general one, as to the size of the attachment to the uterine walls, having never been able to pass my finger or a sound above the tumor to its pedicle. So the feasibility of using the ecraseur was doubtful. I resolved, therefore, to draw down the tumor, if possible, beyond the os externum, and either enucleate or excise it. I had not much to fear from hemorrhage, because in my numerous manipulations of the tumor, I had, as yet, never caused it to bleed. It consisted, as far as I was able to judge, of a solid fibrinous mass, possessing but very little vascularity. The history of the case favored this hypothesis. The patient was never troubled, to any great extent, with hemorrhage, except at her menstrual periods, even when the mass had been roughly handled.

The source of the hemorrhage, which is so often present, and which characterizes this disease, has long been a vexed question—some contending that the bleeding proceeded from the polypus itself; others, that it comes from the uterine mucous membrane, which is kept in a constant state of engorgement by the irritation of the polypus. My own opinion inclines to the latter theory,

especially in cases like the present, where the tumor possesses very little vascularity.

Till within a few years, surgeons were of the opinion that the only safe way of removing polypus uteri was by ligation. The ligature being applied by Gooch's double canula, and daily tightened until strangulation, caused the mass to decompose and slough away. This was a most disagreeable and tedious operation, both for the patient and surgeon. It was usually from six to seven days before the tumor sloughed off, and in the mean time a most horribly offensive discharge is constantly issuing from the vagina.

The operation of tying the tumor is now regarded as one of great danger, owing to the liability of serious constitutional disturbance being excited by the absorption of the putrid mass. Dr. West remarks: "There is nothing that places the danger in so strong a light as the fact that, out of twenty cases of removal of fibrous polypi by ligature, recorded by a most strenuous defender of that operation, Dr. R. Lee, nine, or almost half, had a fatal result—a mortality more than double that of the operation of lithotomy, as high as that which occurs in placenta prævia, and higher than the mortality from malignant cholera."—*Brit. Med. Jour.*, Jan. 20, 1866. Of late years the ligature has fallen into disrepute, owing to the dangers above referred to. By far the best method, and one now almost universally adopted, is by the ecraseur; this instrument first condenses and then divides the tissues. In those cases where it is impossible to adjust the chain of the ecraseur high up about the neck of the tumor, owing to the large size of the polypi, or a narrow, contracted vagina, the next best method is the one which was resorted to in the present case, namely, to draw the tumor down, and enucleate or excise it. The danger from excision, which at one time was considered very great, has been very much overrated. It was objected to on account of the risk from hemorrhage. Dr. West, *loc. cit.*, states, in speaking of the danger from hemorrhage after excision, that according to the experience of Velpau, Lisfranc and Dupuytren, such an accident is very rare, and that in his own experience twelve cases of excision were unattended with any hemorrhage whatever.

In all cases where it can be applied, it is the better plan to remove a polypus by the ecraseur; by this means we avoid the fetid discharge and its consequences that are occasioned by the ligature, as well as the risk of hemorrhage which may spring from the cut surface when excision by the knife is performed.

The ecraseur is a most valuable instrument, one that we could illy afford to dispense with. This, together with sponge tents, are valuable acquisitions of modern surgery.

It is within the memory of even some of the younger members of the profession, when, though we suspected, from indubitable symptoms, an intra-uterine tumor, we were compelled to wait from month to month; and Dr. Meigs—*Woman and her Diseases*, 2d ed., page 279—relates a case where he waited from year to year for it to work its way through the cervix uteri, and distend the os so as to make itself visible or at all amenable to a surgical operation. But now we can easily remove our doubts, and confirm or disprove our diagnosis without waiting until our patient has become bloodless and dropsical. We are not compelled to trust to ergot to expel the tumor from the uterus into the vagina; with sponge tents we can easily dilate the os, and if the suspected intruder is found, we can remove it from its hiding place with the ecraseur. This instrument has also the merit of finishing the operation at a single sitting.

Having decided the modus operandi by which it was most advisable to proceed, I appointed the 9th of June, two days in advance, as the time for the operation. Accordingly, at the time specified, I, with my friend Dr. Geo. A. Lumby, whose assistance I had engaged, was at the patient's house. We found her anxiously waiting for us. Sulphuric ether was at once administered; after some little delay it acted kindly—perfect anæsthesia ensued. The patient was now placed in the usual position for the operation of lithotomy. A vigorous attempt was then made to pass the hand behind and above the tumor, to ascertain the nature and location of its attachment. In this we failed, owing to the upper part of the vagina being completely filled by the tumor. We then placed a pair of obstetrical forceps upon the tumor, and applied gentle traction, with a view of drawing the mass out beyond the external parts. This process was tedious, owing to the narrowness of the vaginal orifice, and rigid condition of the perineum. After several attempts, the forceps slipping and having to be reapplied, we succeeded in drawing the tumor down sufficiently to satisfy ourselves that at its present size it would be impossible for it to pass the os externum. We therefore proceeded to remove a part of it with the ecraseur. With a strong pair of tooth-forceps the tumor was seized and drawn down as far as possible, while the chain of the ecrasem was pushed up over and around that por-

Uterus. Fibroid.

Dimensions: length [illegible] width [illegible]
thickness 8 inches, weight [illegible]

Chromo-lith. [illegible] Thomson & Co.

tion which is seen projecting to the left in the accompanying cut. Great care was necessary in pushing up the chain along the genital passage, owing to the irregular form of the tumor and narrowness of the parts; fear was entertained of abrading or larcerating the vaginal walls.

The instrument being satisfactorily adjusted, the chain was gradually tightened until the portion we wished to remove was snugly embraced. We then made a deep incision into the tumor, hoping to find it more or less cystic in its formation, and being able to evacuate some of its contents, thereby reducing its size so that it would readily pass the external opening. In this we were also disappointed, as the tumor was found perfectly solid; we therefore continued to tighten upon the ecraseur, slowly but steadily, until it cut its way through that portion which was embraced within the loop. The mass thus removed was about the size of one's closed hand, and weighed perhaps a pound. There was not a drop of blood shed during the ecrasement.

The size of the tumor being thus materially reduced in its transverse diameter, we again applied the hooks and forceps upon the remaining portion, and continued strong and persistent traction, with the determination, now the mass was sufficiently reduced in size, to drag it out beyond the os externum and re-apply the ecraseur at its pedicle, or, if possible to reach its attachment with the index finger, to remove it by enucleation.

This was a most tedious process, and occupied considerable time, owing to the rigidity of the parts; but by steady perseverance and the re-application of our hooks and forceps, the latter of which would constantly slip their grasp, the tumor was at length drawn beyond the external parts, bringing with it the womb almost completely inverted.

During the whole time that traction was being made to the tumor, pressure was also applied to the uterus through the abdominal parieties; the descent of the mass was plainly observable, and, we apprehended, materially assisted by this means.

The attachment of the tumor was now within easy reach; it was not pedunculated, but connected to the womb by a broad band or fin, nearly as wide as one's open hand. This was easily removed by enucleation with the index finger, the attachment being fairly rooted out, or peeled from its connection with the uterine wall.

The inverted condition of the womb was immediately, and without any trouble whatever, reduced by the hand to its natural

position; a few pledgets of lint were introduced into the vagina to absorb the discharges and act as a tampon; a plain binder, as after confinement, was applied, and the patient put to bed.

The whole operation occupied about three quarters of an hour; it was effected with scarcely any loss of blood, perhaps an ounce all told, and a part of that came from a slight laceration of the perineum.

The patient came out from under the influence of the anæsthetic without any unpleasant symptoms; had been perfectly insensible to all that had transpired, and could scarcely realize that the tumor had been removed.

She was very comfortable the remainder of the afternoon—the operation was performed about noon; passed a fair night, slept considerably; woke up in the morning quite cheerful and *perfectly happy*.

A trifling vaginal discharge somewhat discolored manifested itself the next morning when the tampon was removed. This came from the abraded surface, where the tumor had been torn out, and continued for a few days. She used several times, daily an injection of cold water to which had been added a little tincture of arnica, or, when the discharge was at all offensive, as it was somewhat on the second and third day, a little chlorine water. On the fifth day the patient was out of bed.

Nothing could be more successful than this operation. Eight months have now nearly elapsed, and on examination per vaginam, not a vestige of the tumor or its effects can be detected. The os uteri and vagina have resumed their natural appearance. The patient's looks, spirits, strength and appetite have all undergone such a marked amendment that the case may fairly be considered a complete and perfect cure.

The fact of its returning after the first operation has excited in the mind of the patient and her friends some apprehension that the tumor may again prove troublesome. I see no good reason whatever upon which to base such an inference. In the first instance the top of the weed was simply excised or cut off; in the latter the roots were enucleated or dug out.

As far as my observation goes, this is the largest tumor of the kind ever successfully removed. After four days of maceration in alcohol it weighed five pounds one ounce, and measured thirteen inches in its long diameter, and nine inches in its short. It is purely fibrous in structure, and possesses the lowest grade of vascularity.

ARTICLE LVIII.

Iodism. By J. Hawks, M. D., Brooklyn, New York.

In the fall of 1863, Mrs. H——, a thin, spare woman, aged 51, light complexion, lively disposition, nervous temperament. She had ceased menstruation a few months previously. She called my attention to a goitre as large as a fist, and remarked that she intended to take iodine for its removal, as had her sister for a similar affection. I tried to persuade her from it. Some three months from this, she informed me she had procured one ounce of the tincture and had determined to take it. I advised her to begin by taking small quantities, and omit it every two weeks for the same time, and to stop altogether whenever she felt any unpleasant symptoms.

March 6, 1864.—I was called to see her. She said her strength had failed very rapidly for the last fortnight; unable to ascend the stairs; loss of appetite; frequent nausea; pains in various parts but principally in the chest; after a few days, difficulty in breathing; palpitation, and a dry hacking cough.

I found the above symptoms present with a sallow distressed countenance, a small, very quick pulse, irregular; crowing in the nares, like the vibrations of a string, not synchronous with the heart; bowels regular; urine red and turbid, usual quantity; tongue brown and dry; skin cool; much thirst; respiration about thirty; could lie on either side or back; hands and feet cold; the dyspnœa cough, palpitation and pains increased by movement. The pains were sharp, quick, piercing and movable, but a heavy, oppressive pain constantly in the region of the heart. An effort to expand the chest produced cough but no pain; tenderness of the epigastrium; food distressed her; trembling of the whole body; sleeplessness; some emaciation.

I prescribed perfect rest, a starch, milk and sugar diet; arsenicum ^{6}.

March 8.—Nervous agitation less; arsenicum ^{30}, phosphorus ^{30}.

March 13.—The nervous excitement subsided, the goitre sensibly diminished, and considerable emaciation. Before leaving her I told her for the first time that the iodine had poisoned her. I did this to prevent a repetition.

March 16.—Again called. I found her laboring under the same train of symptoms, but aggravated. She had that morning gone down to the basement to see to and help in some domestic

affairs, and had continued for several hours, when she was suddenly, as by a shock, again attacked, and was obliged to be carried up to her room. Nausea being most prominent, prescribed veratrum.

March 17.—Nausea relieved; the nervous erethism increased from the former attack; palpitation so severe as to shake the whole body; tongue hard, dry and brown; pulse very small and irregular; cough severe; sputa thick, yellow and greenish; rattling in bronchia; great restlessness and anxiety; anxious, pressive feeling in præcordia; frequent syncope; skin cool; respiration about thirty; thirst; tenderness in the epigastrium; sleeplessness, emaciation progressing and goitre diminishing. Hyoscyamus and phosphorus.

March 20.—The nervous agitation less, but the thirst still severe. Arsenicum and hyoscyamus.

March 25.—Convalescent.

March 27.—Again called; found she had indulged her appetite by eating an egg and several raw oysters, after which all the former symptoms returned. She was vomiting when I arrived, which I promoted by tepid water, and afterwards gave pulsatilla.

March 28.—The symptoms show a typhoid character; the palpitation more spasmodic or convulsive; cough more severe, and usually ending in vomiting a thick, tenacious mucus; tongue red tipped; syncope oftener than formerly; pulse very irregular and intermitent. Rhus tox. and arsenicum.

March 31.—Dyspnœa and cough worse. Phosphorus and rhus tox.

April 3.—Slight chills, cough and oppression of the chest still worse; towards night, slight increase of heat in the skin, which feels harsh and dry; percussion upon the chest gives a dull sound; no respiratory murmur on either side.

April 5.—Slight chill in morning and hot skin towards night, going off with sweat; sputa brown and streaked with blood; cough and dyspnœa increased and syncope oftener; discovered in superior part of right lung a metallic click. I asked for counsel, and Dr. Richardson saw her with me. Prognosis unfavorable. She got phosphorus and hepar.

From this time to Apirl 8 she continued to fail, the hectic fever becoming more distinct and ending in a profuse sweat; cough being severe, frequently bringing on syncope; perspiration becomes abundant. Besides phosphorus and hepar, she got lachesis.

April 8.—Suddenly taken with convulsions followed by nervous rigors. I supposed her to be dying; gave her hyoscyamus. She rallied in the afternoon.

April 9.—More comfortable; feels want of sleep.

April 10.—Has slept a little and feels more comfortable; the nervous agitation nearly subsided. She undertook to relate to distant friends some family incident and got excited, when the palpitation and general agitation suddenly returned, and she gradually sunk, and died at 6 P. M.

Post mortem was refused; the emaciation was very great; goitre nearly gone; skin saffron color. Death took place five weeks from first visit, and seven from first symptoms. I ascertained she took in the course of two months, half an ounce of the tincture of iodine, U. S., supposed to hold fifteen grains in solution. She commenced by taking three drops, three times a day, increasing to eight drops, three times a day, averaging one-fourth grain per day.

ARTICLE LIX.

The Essential Nature of the Drug Curative. By P. P. WELLS, M. D., Brooklyn, N. Y.

The essential nature of the active curative principle of drugs has been less studied than its importance demands. Indeed, it may be said to have been hardly studied at all. It was quite sufficient, until the time of Hahnemann, that drugs were contemplated, as they affected, more particularly, one or another of the more noticed functions of the bodily organs, and to so consider and classify them, was regarded, for centuries, as exhausting the practical demands of materia medica. Emetics, cathartics, sudorifics, etc., each had members assigned to its family, according to the fancy of the teacher or writer, because they had produced the result expressed by these terms, with more or less certainty. Embarrassment was constantly attendant on this gross method of treating the science of drug action, for the plain reason that neither nature nor drugs had been consenting parties to an arrangement so wholly artificial and arbitrary. The result was, that a member, placed in the circle of emetics by one teacher, was, by another, put over into that of sudorifics or expectorants. And then, a more precise follower of these differing authorities, wishing to do justice to all, would put the unruly member into all three, or even a

greater number, of his family divisions. In all the confusions resulting from this method, it never seems to have occurred to the old masters, that there could be any thing wrong in the fundamental principle of the system itself, which they were endeavoring to carry out. Did not the drug excite vomiting? Then why not an emetic? The trouble was, the drug would not stop where the system limited it. It would go on, and there were, occasionally, eyes sharp enough to see that the other generic results, the names of which had been selected as the nominative heads of the various familles into which the materia medica had been divided, would follow the administration of the emetic or the cathartic, all the same as though it had never been put, by this arbitrary classification, into either one of its representative families. This was a difficulty; but, then, what was easier than to dispose of it by the declaration, "It is inherent in the nature of the subject itself." This saved all trouble of finding a better method. And then, would it not have been high treason against science, to suggest that there could by possibility be a radical defect, in that which had been taught and received for so many centuries? Had it not been consecrated by the faith of ages, and hallowed by the practice of all past authorities? And more, was it not just equal to the demands of the received philosophy of healing? and were they not, this system and this philosophy, just adapted in their constitution, the one to the other? so that a defect charged upon one, was virtually charged upon the whole? A defect proved would be destructive, past all help. This state of things prevailed, and prevented all attempt, even, to remove the acknowledged difficulties in the system, which had been taught and practiced, with more or less uniformity, for more than three thousand years. Unfortunately, it was just adapted to the wants of the received philosophies of disease, whatever they may have been at any given period. These growing out of pure imagination, instead of pure observation, their flexibility was ever ready to adapt itself to the gross generalities of the materia medica prepared to its hand, or to pass unheeded its arbitrary limitations of the action of the drugs it presented for use.

It was a great advance in thought, as well as science, beyond all which had preceded him, when Hahnemann inculcated the doctrine of the individuality of drugs, and insisted on this being studied in its action on the organism as a whole, and on each individual organ in particular, and that a knowledge of the exact

manner in which the functions of each were affected, by each particular drug, was to be obtained before it could be intelligently used in the treatment of the sick. It was so far beyond the stand-point of the general medical mind at the time, as to meet only with abusive opposition and derision, instead of that general and ready acceptance, its reasonableness would seem to challenge. Perhaps this was as far as it was best to go at the time, but it was not the extent to which the truth was then perceived by the Master. . In sections 16 and 20 of the Organon, he clearly declares the higher truth, in relation to the nature of the curative power of drugs, that it is "dynamic" and "spiritual." By this, it is supposed, he is to be understood as declaring this power to be a force, and not a material thing—not even a material essential element in the constitution of the drug itself. Thus he placed this curing power of the drug beside the producing power of the miasm, or of whatever natural cause of disease, and, in its nature, in complete harmony with both it and its effects. As the one is a force, and not a thing, so is each of the three. Heretofore, as the disease was regarded as an entity to be expelled from the organism, so the substance of the drug itself was regarded as the other entity by which this expulsion was to effected. Consequently, the greater the quantity of the drug given to the sufferer, the greater the expelling power, and, therefore, the inquiry was always as to the greatest quantity the patient could receive and escape with his life. The question was ever, "How much can he bear?" and never, How little will cure? so that, when Hahnemann proclaimed the dynamic nature of the disease, and of the curing power of the drng, together with the law of a minimum dose, it was no less than an entire revolution of all medical ideas, of all the doctrines and practice of his time. Hence, without regard to the truth of these declarations, they were met by ridicule, scorn, denunciation, and rejection. The bitterness of the anger excited, passed beyond the doctrines to the teacher, and many times compelled him to flee from city to city, to escape the persecutions of those who could not disprove the truth of doctrines they hated.

In what we have written, we have endeavored to show the dynamic nature of diseases and their causes. We shall now try to show that the curative agency in drugs is, in its essential nature, in complete harmony with these, and, like them, is also a force.

We have said the nature of the curative principle in drugs has

hardly been studied yet, by those who constantly employ them in the treatment of the sick. Certainly, the gross and crude teachings of the old school were no study of this principle, neither can the announcement of its dynamic nature, by the great master of the new, be accepted as a negative of the statement. And this is all we have on which to look back. Let us examine a few of the many facts which throw light on this dynamic nature.

The first which arrests our attention is, that it, like the miasmatic causes of disease, refuses to obey the controling laws of matter. The curative power is not in the ratio of the quantity of the matter of the drug employed. If a grain have a given power to cure, in a given case (say the drug is opium), there is not in a hundred grains a hundred-fold power to cure this case. Instead of curative, this would be at once destructive. And, then, the converse of this—the curative power in a given case is not diminished in the ratio of a reduced quantity of the material substance of the drug. So far is this from being the case, the power to cure is, in many instances, positively increased, in certain circumstances, in the inverse ratio of the quantity of the drug employed. Of this we shall have more to say hereafter. It is only presented here as a fact, which affirms, of this power, an existence and a nature independent of that of the material drug. While it affirms its independence of the general laws of matter, it as positively asserts its perfect allegiance to its cure, and these with equal clearness declare its true nature to be force and not matter.

The independent existence of this force, and of the laws by which it is governed, is further affirmed by the experience of thousands who have developed and employed it according to the teachings of the master. He taught that by certain manipulations of the drug, this power could be developed to an extent, the limits of which were not then known. This is confirmed by the experience of all who have put the truth of this declaration to a practical test. It is denied only by those who have not. All who have faithfully and exactly treated drugs as he directed, and then employed them in the treatment of the sick, according to the law of cure, which God planted in the nature of drugs and man, have found the truth to be as he taught. That, with an absolutely diminished quantity of matter, there had been developed an increased power to *cure*, not an increased power to *poison*. It was the habitual association of the curative with the poisoning power, in the minds of physicians, till they came to be regarded

by them as identical, that incapacitated them for comprehending the new taught law. The curative power being material, and indissolubly identified with its drug association, those were altogether in the right who asserted the absurdity of the doctrine of potentization and development of drug power as taught in the Organon. They, and all who have joined in rejecting this dogma, have reason, logic and truth to sustain them. But if, as we unhesitatingly affairm, the experience of thousands of observers, as competent to investigate and testify in the case as the ablest of the skeptics, declares and proves the dynamic nature of this power, then these gentlemen are left utterly without the support of either. In the one case, testimony comes from a practical experience, sufficiently extensive to challenge the faith of all who will use a candid intelligence. In the other, comes, not testimony, for they have neither testimony nor experience in the case, but a simple denial of a truth of which they happen to be wholly ignorant.

The argument here is limited to the existence of the fact of increase of curative power by the process of expansion. It affirms this increase, in certain circumstances, of manipulation and relationship by the law of similars, to be inversely as the quantity of the drug. That, the testimony of thousands who have practically demonstrated the fact, is a sufficient proof of its verity. That, against this testimony, neither the denials, nor the sarcasm and scorn of those who have subjected this truth to no such practical test, are worthy of the least regard. If such persons assert that they believe the sick are better cured with crude drugs, or with preparations nearly approaching the crude state, there can be no controversy with them on this ground. This is merely a matter of opinion, which they have full liberty to entertain, but they have no right to present their opinion as the equivalent of the practical demonstration of this truth by their neighbor, who, by this evidence, has been compelled to maintain the opposite opinion. Least of all, certainly, can he claim authority to set aside the results of this demonstrated experience, which have extended through near a century, and is now the property and faith of ten thousand living witnesses, as it was before of so many of the mighty dead. Before this cloud of witnesses, so accredited on their testimony, the truth of which has been many thousand times confirmed by the experience of the writer, the truth of this dogma stands affirmed as beyond the reach of all

possible reasonable cavil. And more, that its credibility, so sustained, is not to be shaken by mere negations, however numerous, earnest or angry. This dogma, then, so sustained by the living and the dead, we present as a witness to the truth we advocate. It is no less than demonstrative proof of the dynamic nature of the curative element in the drug. He who, in the present state of knowledge on this subject, assumes to deny this, is driven to the absurdity either of affirming that the less is more than the greater, or that his opinion is worthy of more respect than the observation and experience of all these thousands, his equals. To such an egotism there can be no reply. To such skeptics there is no duty, but, as they are joined to their idols, to let them alone.

The argument for the dynamic nature of the curative power of the drug, derived from expansion is this: It is impossible to conceive of addition to the efficiency of matter, by the mere process of its expansion, while it is quite possible to conceive of this as true of force. That it is true of other related forces is proved by the facts given in treating of the ague miasm, which acquired an efficiency, by diffusion and expansion, altogether wanting at the point of its origin and greatest concentration. In thus confidently presenting this argument, it is not forgotten that many have endeavored to account for this increased power from expansion, by attributing it the greater surface of matter brought into contact with living surfaces, by the infinitely effected mechanical division of its particles. Indeed, as far as it has been attempted to explain the fact, by those who have for years often witnessed demonstrations of its existence, this has been most frequently put forth as its most obvious rationale. That it has been so, is accounted for by the in-bred materialistic ideas which have dominated medical philosophy in the past, and from which the present is by no means freed. This explanation of the fact, by the mechanical division of the material particles of the drug, is rejected as inadequate to the explanation of many of the facts in the case, some of which will be presented in the progress of this paper.

The first objection to this view of the philosophy of the fact under consideration is, that the extent to which this expansion of power may be carried is, apparently, practically without limit. It has been carried in practice far beyond all conceivable limits of the possible divisibility of matter in its practical uses. Though we use the term infinite, in connection with this possibility, as a fact in philosophy, practicable in the nature of things, when these

are manipulated by Almighty power, still in the hands of finite beings, it seems impossible, to the extent required to account for the thousand well attested facts, the number of which is being increased by each day's experience. We refer now to the accumulating experience in the practical use of what are usually termed "the high potencies." The time was, when the existence of any power whatever in these, to effect the living organism, was generally disbelieved, and sturdily denied; and those who affirmed that they witnessed and felt the efficacious power of them, were remorselessly ridiculed, and held up to the community as untrustworthy fanatics, meriting only the contempt of those who claimed to be considered, par excellence, the scientific. This state of things may not have wholly passed away, but the spirit of the time is changing in this matter, and changing rapidly. The number of intelligent, careful observers, who testify earnestly to the truth of the efficacious action of these potencies is daily increasing, and the increase is constantly and ever from the ranks of the skeptical. This process of change has already gone so far that to assert now, as formerly, the utter inefficiency of these potencies, exposes the skeptic to the danger of having his own sense and intelligence called in question.

Not only has there been this change in the convictions of the intelligent of the profession, as to the efficacious action of these potencies, but there has been at the same time a change progressing in the matter of the "potencies" themselves, scarcely less important. That which was "high" at the beginning of this movement is so no longer, by reason of the higher, which have been the fruits of an increased success in the practical use of those which had, at first, received this honorable distinction. Let it not be forgotten that this has been the origin of these "higher" and "highest" potencies. Last of all, let no man attribute them to an extravagant eccentricity, which has aimed at personal notoriety in their production.

The extent to which these highest potencies have been carried up, by the zeal and industry of some of our colleagues is, at present, far beyond any point contemplated by those who first passed beyond the numbers so long the standards of Hahnemann and his associates. They are so high that the authors of them have been assailed as fanatics for their pains, and this is very likely the thought of most physicians who have only a practical experience of the ordinary lower numbers, when they learn that medicines have been carried as high as 50,000, and even 100,000. Such

a judgment is cheap, but it is not therefore, necessarily to be respected. It is as easily uttered by the dullest and least informed, as by the brightest and most learned. "It is absurd and contrary to all common sense," has been often said of the result of this great labor. This is also easily said. As easily by those who know nothing practically of the subject, as by those who know most. And then—"What is the use of it?" This deserves an answer, and we reply: But for these highest potencies, we could not have known, as we now do, that there is really no practical limit to the increase of the curative power by expansion. It is of use to settle this as a scientific fact. We could not have known, but for this great labor, that medicinal substances, in these extreme high numbers, would still affect sensibly the living organism, as we now most certainly do. And the knowledge of this is useful in the testimony it bears to the true nature of the power in the drug, which, in this highly expanded state not only retains its existence, contrary to what some of us might have anticipated, but actually has here shown curative efficacy, not realized by lower numbers of the same drug, in the same case. This, of course, answers, that these potencies are of the highest use. The testimony borne as to the true nature of the curative principle, by the fact of its efficient action in these high numbers, is of the utmost importance. It can hardly be regarded as less than conclusive in its affirmation of the truth we have endeavored to establish. It is difficult not to sympathize with those who declare the absurdity of these highest potencies, if the power to cure be only material in its nature. We cannot conceive of matter being continually expanded through all these successive numbers, in a centesimal ratio, and yet, in the 40,000th number of the series, retain a sufficient quantity of the matter of the drug to cure so important a disease as Asiatic cholera. And yet, this actually occurred in a case seen by the writer in consultation, and which he knows positively was no other than this most formidable disease. In the case there was no symptom wanting to establish its true character beyond doubt. Veratrum was given, in ordinary numbers, high and low, for there was no question as to this being the similimum to the case. The relief which followed each dose was partial and temporary, but in spite of all, the patient rather lost than gained, till the attendant, in a happy moment, determined to give his patient a dose of Fincke's 40,000th of this drug. The result was an immediate and complete success. The convalescence was

rapid, and in all respects satisfactory, though the patient, a female, was about sixty years of age. This certainly shows the highest use. If there had been no other cure from these highest potencies, this one is enough to raise their author far above the reproaches which have been cast on him, on their account. But there have been many cures from these, when other preparations of the same drug have failed. We repeat, these many instances of cures from these potencies, where others, and lower, had failed, testify to the true nature of the curative principle, in the demonstration they present of a greater power to cure, with a less quantity of matter; thus showing conclusively, that the power which cures is not matter. To this conclusion we are compelled, unless we adopt the absurdity of the less exceeding the greater. These cures are many, and they are facts. For those who have no knowledge of the individual cases, to deny the facts they set forth, for no better reason than their own skepticism, is simply an impertinence, not deserving the least respect. We only add, that in this, the curative principle exhibits an entire disregard of the laws of matter, and obeys only its own, which are laws of force.

From these facts it seems evident, that the curative principle may be, and has been, separated from its original material association, and made free to follow the laws of its own independent existence. It is no longer to be judged of, as to its own habitudes, in the light of what is supposed to be known of the material bodies with which it was previously associated. Not being itself matter, a true knowledge of it can only be extended by studying the principle in its new conditions and relations. Of this we may have more to say hereafter. We only allude to the fact here, as applicable to the next example we are about to introduce of its disregard of material laws, which, we think, goes far of itself to establish the truth advocated in this paper. Taken in connection with the other known facts of its operations and relations to other bodies and forces, the truth seems to be placed by them beyond dispute.

The fact to which we allude, has received, from one of its distinguished observers, the nomination of "potentization by contact." By this is meant to express, in brief terms, the fact that bodies, charged with this curative principle, set free from its material drug association, impart it to neutral bodies, when brought into close contact with them, so that these last become medicated, by

this contact, and are made capable of affecting the living organism equally with other bodies similarly charged. By this contact they receive all the powers, and enter into all the curative relations, of the original charged body. In other words, medicated globules brought into contact with those which are non-medicated, and being so kept for a time, impart the medicinal or curative power they possess to the whole mass of neutrals. That this actually occurs has been testified to by many of the best observers. They have often proved the fact by experiment, and therefore their testimony must stand, against whatever of denial or sneer, from those who have made no such experiment. Of those who have proved and asserted this truth, we will name only one, and he, so far as we know, the first to observe it. This was Dr. William C. Channing, late of New York city. To those who, like the writer, had the privilege of acquaintance with Dr. C., it is only necessary to mention his name, and he stands before them in memory, as he was in life, a man of noble intellect, of rare attainments in secular and professional scholarship, with talents for observation unsurpassed by none, and an integrity never doubted by any, however they may have differed from him in opinions. Dr. C. first called the attention of the writer to the fact of potentization by contact, by relating what had then been his experience in the matter for a number of years. He had carefully observed, noted and practiced on it, long after he had established the truth of the phenomenon. It was of his experience with aconite that he spoke. He had, at that time, been carrying a phial in his pocket case for a number of years, which, in the beginning, was filled with globules charged with the 30th centesimal potence of this drug, then the highest number in use. Many times, and whenever the phial was nearly empty of its charged globules, he added others, not medicated, shook the whole till the contents of the phial were well mixed, and then, after a short time, he used from the phial as at the first, and with the same practical success as before. This, as we have said, had then been many times repeated, and at last, as at the first, the same curative results followed the use of these globules so medicated, in this hitherto unheard of way, as he had before witnessed from globules charged in the usual way. At that time aconite was probably more frequently used in practice than at the present. In those of Dr. C. it continued to be as often a reliable curative as in the hands of any other man. In his practice Dr. C.

was eminently successful, as is well known to many of his surviving colleagues.

Now the globules, as used by Dr. C., were medicated by contact, or were not medicated at all. In the latter case, he used blank globules for years, supposing them to be medicated, deceiving himself, his patients (who were satisfactorily cured), and the public. He never once realized the specific effects of aconite, though he thought he saw them constantly. His patients were cured by nothing, though, apparently, they were cured by medication. He and they were thus so grossly deceived, that they never questioned the genuineness of the cures. If, as we have no reason to doubt, they were genuine, then they are each of them witnesses to the truth of medication by contact.

We have, at present, no other concern with this process, than to present it as additional evidence of the truth as to the nature of the curative principal which we advocate. In order to this, it was incumbent first to show that the process itself is a fact. The experience of Channing is sufficient for this. But we may add, the fact has been known, and is now fully accepted by many of the best minds in our school of the profession.

In prosecuting the argument from the facts here presented, it is pertinent to inquire what passed from the globules contained in the phial, supposed to be medicated, to those added, which were not, by which these last received the power, like those previously contained, to affect the organism and cure the sick? Was it matter? Is there, in the world of matter, anything like this? On the other hand, is there not an equivalent in the transmission of force from steel magnets to similar bars, not magnetic, by contact only, till all alike contain the magnetic force, though the original magnet, like the original globules, loses nothing of its power by imparting to the new made magnets a force similar to its own. Medication by contact, then, becomes little, if at all, less than a demonstration, of the dynamic nature of the principle under consideration. That the power which so passed was matter, though we always use the word with reluctance, we have no hesitation in saying is impossible.

Argument for the dynamic nature of the curative principle may be further strengthened by the fact of the suddenness of its action. In this respect, the considerations presented from the instantaneous action of the miasmata, may be applied with so much the more effect to the power we are now considering, as it

is, in some respects, brought more readily and completely under our observation. The precise time of the reception of the medicinal agent may always be exactly known, while, in the case of the miasm, this is not always easily brought to a fixed point. Then the effects of drug agents have been more thoroughly studied and are better known than those of the miasmata, especially in those minute details which characterize the action of individual drugs. So that, in all that wherein we are able to give increased certainty to the points, as we present them in relation to the subject under consideration, by so much is the force of the argument greater here than when applied to the miasms. Two cases will be presented as illustrations of this immediate action of the drug power, both of which were under the immediate observation of the writer, and both are made up of elements which, it is believed, place them beyond the reach of even the most captious caviler. They are selected from a multitude of similar cases for these two reasons.

The first is memorable in the experience of the writer, it being the result of his first attempt at a homœopathic prescription for a patient. It was the first experiment in a series, which the importunity of a valued friend had extorted the promise, a very reluctant one, that he would make. The whole intention on the part of the writer was, in these experiments, to prove, for himself and his friends, that there was nothing in homœopathy. If it be objected that this was altogether unfair, and unbecoming the importance of the subject, it is admitted to be true. He intended to prove the worthlessness of the whole system, and had no doubt of his success. Here is his first attempt, and its result. It will be seen that homœopathy had nothing to expect from him, except what could be extorted by the most apparent and stubborn fact.

The experiment was made with the despised "globules" and no one certainly ever held them in greater contempt. It was on a patient, verily believed to be incurable of the particular trouble for which these globules were given. The writer had tried his best, according to the maxims and practice of the school in which he had been educated, for months, to relieve the poor sufferer, without the slightest success. It was just because he thought the case incurable that it was taken for the experiment. Here, of course, would be a failure. He wished for no success. Then the patient was poor, ignorant, and black. She had never heard the word homœopathy, and so the wonderful effects of imagination

would be escaped, which, with many others, he thought to be the efficient agent in all the so-called homœopathic cures. She had formerly been the slave of an old school doctor.

This person, now about forty-eight years of age, when a child, fell from a tree, and struck her side on the top of a board fence, breaking several of her ribs. She had, from time, occasional attacks of pain at the points of fracture, increasing in frequency and severity as she grew older, till, at the time she came under the care of the writer, it had become permanent, and yielded to none of the many expedients resorted to, as before stated, for a number of months. Indeed, she grew worse. The seat of pain was so sensitive, she positively refused to allow it to be touched. Here was the case of more than forty years' standing.

In this state she was handed a powder of fine sugar, in which were concealed six globules of arnica, of the sixth potence. She was directed to take the powder dry, on the tongue. This she did, at 11 o'clock A. M., in the absence of her medical attendant. When seen the next day, at 9 o'clock A. M., she appeared in great terror. She seemed as much frightened as any person I ever saw. She would not let me come near her, but kept herself in the extreme opposite side of the room, and repeated, more than once, addressing her physician, "You meant to kill me. You gave me mercury. I know mercury. I lived with Dr. Hazard," etc. After quieting her apprehension, not an easy matter, she was asked if she had taken the powder. She said she had; and the manner of her reply was just that of a person who regards himself as having just been made the subject of a severe and unwarranted practical joke. She was soon pacified, and then was asked what was its effect? "Effect! It went from there to there," passing her finger from her tongue to the spot in her left side, the seat of her old injury, and recent pain, "like lightning! You gave me mercury, I know you did." And this thought renewed her terror. She could not overcome the first impression, that she had been poisoned. In a little time, however, she answered to the question—What happened then? "Why the pain and soreness went all right out of it." This was true, and they never returned. The side might now be handled with the utmost freedom, without giving pain. The person, next to herself, most astonished, was her physician. Rosanna was, after this, a servant in his family, till near the time of her death, which resulted from disease of the heart, and he knows the old trouble did not return.

Of the suddenness and completeness of the action of this dose, there was no possible chance for doubt. That it was, literally, as quick as lightning, she stoutly maintained. That she was really cured of her great pain, could not be denied. And now, the only question we have with the case is—What was it that passed from the tongue to the side, so suddenly as to give this great alarm to this poor ignorant creature, and so rapidly to cure this great pain? Was this matter? The suddenness of its action proves that it was not.

The second case was that of a little girl, five years old, who was suffering from double pleuropneumonia, of exceeding severity. When the sticking pain in her side was so sharp as all but to prevent her breathing at all, and as to reduce this to the shortest, compatible with life, a teaspoonful of water was offered her, in which a few medicated globules had been dissolved, with the assurance that if she swallowed the water, it would relieve her pain. At the very instant the spoon touched her tongue, she shrieked, and declared it did not, but made it worse. It was with the suddenness of thought. There was, however, but this one stab, and it was never repeated. The writer gave the dose. The patient was his own child. The occurrence was before many witnesses. The case, from beginning to end, was of a kind to exclude all possible doubt as to any one of the facts here stated. It is given as a representative of a class which bears important testimony as to the nature of that power which relieves pain, and cures disease. That testimony declares plainly, it is submitted, that this power is a force, and not matter.

We have now given, at some length, what we wished to say on the essential nature of disease, its causes, and its cure. As might reasonably have been expected, *a priori*, in this respect, the three exhibit a beautiful harmony with each other. The relation of cause, effect and cure being established, and the arrangement of relationship being admitted to be the work of an intelligent and disposing will, no other result could have been possible. We think the course of reasoning and illustration presented establishes the fact, beyond reasonable cavil, that each of these, in its essential nature, is a force, and that, so far as the two last are concerned, their only material connection is that of association, in no way essential to their special action on the living organism, as cause or cure of disease.

It is not sufficient to have established these facts to the satisfac-

tion of candid and intelligent minds, as a matter of natural harmony, interesting to observe and contemplate; we are bound to go further, and answer the practical question—What then? What is the practical bearing of the dynamic nature, here proved, on the duties of the physician? For, if not important in its relations to these, the whole subject is one of curiosity merely, and not worth the trouble of argument or demonstration. It was for the purpose of presenting its practical relations that the subject has been as far pursued.

The first and most obvious practical inference, from the facts presented, is this: If disease be essentially dynamic in its nature, a change in the state of the living forces merely; if it be but a force acting in a destructive direction which, in its normal state, was active for conservatism, then the whole practical duty of the physician, in accomplishing its cure, is in this one act—to change this state of the vital forces to their original conservative balance. If this be the nature of disease, and this the duty of the physician, it is submitted, as obvious on the face of the subject, and to the most superficial observation, that these considerations have most important bearings as to the means to be employed for the accomplishment of this end. If this be the nature of disease, and its cure, then it is evident there must be a special relationship between the state to be changed and the means by which it is to be restored. And it is further apparent that this relationship must be permanent, and subject to no change. It must be a law existing in the very nature of the state and the means. And further, that the cure must be effected through this relationship, and only by means which comply with all its legal requirements. It follows, then, that giving of massive doses of drugs to the sick, in quantities great as can be borne without poisonous results, and these selected with reference to no law other than that of the caprice of the prescriber, is a crime against science as well as the rights and welfare of the trusting sick.

The second obvious inference is, that it can not necessarily require massive quantities of matter, merely to change the state of a force, even if it be matter which, in its natural state, has associated with it that form of the curative principle which the law of relationship requires for the accomplishment of this change. It is clear that it can only require so much of that force, related to this changed state by the law, as may be needed for its restoration. We have already seen that this does not necessarily bear any proportion to any quantity of matter whatever, but involves

only force which, when developed by expansion, as taught in the Organon, has parted from its original material association, and exists only as force, which admits of no measure of its capacity to cure by the application of those rules applicable to the measurements of material forces, as applied to other relations. So that it follows, not only is the law of selection of the curative dominated by the principles we have advocated, but the form and quantity of the related agent required for the cure, as well.

The third inference is, that so to act on mere force as to change its state, only a mere force would be likely to be requisite. This would be the conclusion of every philosophical observer, and this is precisely the Divine arrangement for the cure of the sick. It has been demonstrated, thousands of times, in the successful experience of Hahnemann and his followers, their success being ever proportioned to their adherence to this arrangement, as embodied in the laws he inculcated.

The fourth practical conclusion is, that those who directed their attention chiefly to the material results of the action of this changed force, the proper objects of the science of pathological anatomy, and regarded these as the disease, overlooked entirely the existence of the cause, in their absorbing contemplation of the effect, and, by this mistake, laid the foundation of all that material philosophy which has pervaded medical science, and from which has sprung all those gross ideas of remedial means, and their excessive administration, which has put the art of curing into that bad harmony with disease itself, which exhibits both in their true character, as destroyers of health and men.

Fifth. That those forms of disease which present themselves in apparent changes in the structure of organs, and which have been generally, by common consent, handed over to the province of surgery, were, in their origin, like other diseases, only a changed force, of which these material changes are the product, and that, in the outset, they were amenable to the curative action of those forces related to their state by the law. And further, that the great majority of these cases are still, notwithstanding the material change in the structure of organs, susceptible of cure, by the proper application of the same forces, on the well known principle that the effect ceases when the cause is removed. It is well established, in the experience of many who have recognized this fact, that the long list of formidable operations which have heretofore characterized the special existence of surgery, as a distinct branch of the

healing art, may be materially diminished, with no detriment to the interests of society, but great gain, in the sufferings and mutilations escaped.

Sixth. On this same principle, many diseases, heretofore regarded as incurable, and therefore abandoned as without hope, are found to be quite easily removed, by going back to the original change in the vital force, in which they took their initiative, and adapting a curative force to it, according to the demands of the law of cure discovered. It is no detriment to this statement, that the exact nature of this original change is often difficult to discover, or that it is often found in the antecedents of the progenitors of the present sufferer, until it is established in other sciences than that of healing, that difficulty in the practical application of a truth converts it into a falsehood.

Seventh. The dynamic nature of the curative element in drugs, explains its successful application in the treatment of mental diseases. These are obviously immaterial. The success which has attended their treatment by the potentized immaterial medicinal powers is, of itself, proof that these diseases are, also, in their nature, in harmony with general diseases, and their curative agents. These successes clearly declare that these mental afflictions are but a branch of the general family of diseases, and, like all the other branches, are themselves but a changed state of the vital forces.

Eighth. If the above inferences and considerations are well drawn from the premises of this paper, we may add to them this other maxim, in conclusion, that all truth has uses in the practical affairs of life. There is no exception. Least of all are exceptions found in its application to that science of healing, which has been heretofore so largely mixed with the false. It is conclusive evidence of practical imbecility, when one replies to the presentation of a truth—"It is of no use!"

Lastly, It is affirmed of the truths discussed in this paper, the dynamic nature of disease, its cause and its cure, that they are of the greatest possible use, in this, that they pervade and dominate all practical efforts for healing the sick, made in accordance with the laws appointed by the Almighty for the guidance and control of such acts. To ignore their existence and yet attempt practical healing, is to wander in a voluntarily chosen darkness, when a wise and beneficent Creator has furnished the clear light of a noonday sun.

ARTICLE LX.

Obituary. Biographical Sketch of the late Dr. JOHN BARKER. By CARROLL DUNHAM, M. D.

Of the physicians of our school whom death has taken from among us during the current year, few have been so sincerely lamented by a wide circle of personal friends and clients, as Dr. John Barker, of Brooklyn.

Occupying no position which brought him before the public, either personally or by his pen, busied exclusively in the discharge of his professional duties, he was yet so widely known and so generally esteemed, in the city of his residence, that he was said to be "Next to Henry Ward Beecher, the most popular man in Brooklyn."

Dr. Barker was born in Wallingford, Conn., June 2, 1823. His childhood and a portion of his youth were spent in Connecticut; but most of the latter in Atwater, Ohio, where, at the age of about twenty-two, he began the study of medicine under the guidance of Dr. Friend Cook, (an uncle by marriage.) He attended one course of lectures at Cleveland, and subsequently one or more at the College of Physicians and Surgeons, New York, during which attendance he was a pupil of Dr. L. A. Sayre.

About this time his health began to fail, and, without graduating, he went to Wisconsin, where he practiced a few months and then, with a view to the re-establishment of his health, undertook and accomplished, in 1849, the overland journey to California. An accident which befell him at the age of eighteen, involving a fracture of the right thigh, had resulted in necrosis of the femur and abscesses, by reason of which he had become much enfeebled.

During the journey to California and a brief residence in that State, the discharge ceased and the sinuses healed. It was supposed that he had entirely recovered, but, as subsequent events proved, the mischief still lurked in his system, to be aroused at a later period of his life into that storm which hurried him from the scene of his useful labors.

After remaining two years in California, engaged more or less constantly in the practice of medicine, Dr. Barker returned to New York, attended another course of lectures at the "College of Physicians and Surgeons," and graduated at that institution in 1852.

While he was in California, his attention had been directed to the subject of homœopathy, and he had satisfied himself, by observation, that it is the true science of therapeutics. Accordingly,

on his graduation, he at once embarked in the practice of homœopathy, entering in 1853, in partnership with the late Dr. A. C. Hull, of Brooklyn.

This connection was severed in 1854. From this period until that of his death, April 18, 1868, Dr. Barker was uninterruptedly engaged in practice on his own account in the city of Brooklyn. His success in business was uniform and quite remarkable. Commencing with no special advantages of consanguinity, connection or introduction, he rapidly advanced to the front rank in the profession, and unquestionably, for several years before his death, he enjoyed a larger and choicer practice, than any physician in Brooklyn, of whatever school.

It is not easy to say, what are the qualities and requirements of mind and body, or how proportioned, which constitute the successful and acceptable physician. He must, of course, be well grounded in the science and expert in the art of medicine, and his knowledge must lie ready in his mind for instant application. He must possess presence of mind to confront with steady self-possession an unanticipated danger, and courage to counteract it, at every legitimate risk, and calmness to await the issue.

Blended with these must be that other quality, which the metaphysician cannot define, but which even the day laborer instantly recognizes—tact, whereby the disposition and morale of the patient and his friends are instantly appreciated, and the physician's adopted to correspond with them.

Tempering and governing all must a genial, benevolent, heartiness of speech, manner and action, which shall satisfy the patient that his interests are held of the highest importance in the physician's mind, and are the subject of profound and friendly consideration—a quality which can hardly exist except as the outgrowth of a Christian's consecration of his life to the duties of his humane profession.

In all of these respects, Dr. Barker was eminently qualified for the successful career which he so lately finished. There have been many who surpassed him in familiarity with books and the records of science, but very few have so completely at command, in the sick room and council chamber, the practical knowledge gained by study, by experience and by intercourse with their minds. He had a clear apprehension and a retentive memory which seized upon every fact that came within reach and stored it in an appropriate nook of the mind ready for instant use.

That his deportment commanded the confidence and won the love of his patients, the crowds that thronged his offices and solicited his attendance, as well as the mourning hundreds who pressed to pay the last tribute of respect to his remains, abundantly testify.

Towards his professional brethren, Dr. Barker was always courteous and generous; ever ready in difficult cases to seek aid for his patients from the counsels of his colleagues. He never appeared apprehensive of injury or loss from so doing, conscious that his own conduct, under such circumstances, would be upright and free from guile.

Though frank and fearless in expressing his opinion in matters of doctrine and practice, he made no enemies in consequence; so modest were his utterances and so free from imputations upon the capacities or motives of his opponents.

In the embarrassing cases of the transfer of their patronage by patients from a neighbor to himself, he always adopted the manly course of frankly speaking of the matter to his colleague. In a word, his conduct towards patients and brethren appears to have been governed by a wise and loving observance of that golden rule which is the foundation of ethics, medical as well as social: "As ye would that men should do to you, do ye even so to them."

In this earnest, conscientious and most successful devotion to the duties of his profession, he persevered, after excessive labor had undermined his health, until a fresh outbreak of his old disease hurried him to a premature grave.

ARTICLE LXI

Extracts from the Proceedings of the Kings County Medical Society. Tribute to the Memory of the late Dr. A. Cooke Hull; also the late Dr. Horace May.

TRIBUTE TO THE MEMORY OF DR. HULL.

A special meeting of the Homœopathic Medical Society of the County of Kings was held July 14th for the purpose of paying respect to the memory of A. Cooke Hull, M. D. The President, Dr. Minton, presided, and alluded in fitting terms to the character of deceased. He also stated that he was the second President of our Society, and the fourth member removed by death from among our number during the present year. He was followed by Dr. Sumner, who said:

Gentlemen—Recently, while referring to a volume in the library of the late Dr. Hull, I found inscribed upon its title-page the following legend, from Sallust: "But he only, indeed, seems to live, who, intent upon some employment, seeks reputation from some ennobling enterprise or honorable pursuit." No sentiment, as it appears to us, could have more happily expressed the controlling influence of that active and intelligent life whose termination we this day mourn. How well he lived up to this standard of usefulness, you and I well know; and not we alone, but many others in this great city, with whom he was associated in works of philanthropy and progress, and in enterprises social, literary and æsthetic.

Born in Utica, N. Y., August 2, 1818, the son of a distinguished surgeon in that part of the State—Dr. Amos G. Hull—he early acquired a fondness for the profession of which he was to become so useful a member. He received a thorough classical education at Union College, and graduated in 1840 at the College of Physicians and Surgeons of New York city. Removing to Brooklyn, in the following year he commenced practice as a homœopathist, and was, at various periods, partner with Drs. John F. Gray (his brother-in-law), the late Robert Rosman, the late John Barker Talmadge, and, at the time of his decease, with myself. His advantages, as a young man, were very great, and to them, no doubt, his success in professional life was, in a measure, due. But no one can help a physician who will not help himself; and to his great industry, his love for his profession, his kindness of heart, and his thorough mastery of such cases as presented themselves to him, he owed the popularity and affectionate respect which attended his labors.

Of his varied labors in extra-professional spheres, of the suggestive brain, the helping hand, the guiding taste, which assisted at the inception, progress and ultimate success of nearly every institution and public enterprise which, within the past quarter of a century has crowned the city of Brooklyn with beneficent and far-reaching influences, we, as medical men, on this occasion, have little occasion to speak. In regard to these matters it may be written upon the monument of our deceased friend as upon that of the architect of the great St. Paul's of London, buried under the matchless dome of his own creation, "*Circumspicere te*"—"Look around thee." Dr. A. Cooke Hull's public memorial will

be found amply recorded in the history of the city during the period of his residence therein.

And thus, honored as a man, beloved and useful as a physician, respected as a public-spirited, far-seeing citizen, he has passed away to his eternal rest.

On Sunday, the 5th of the July, I attended his funeral at Catskill-on-the-Hudson. There we laid him in the village churchyard, surrounded by the graves of his mother and his three darling boys. Two little rustic crosses and a lily, carved from the Italian marble, mark these little graves, the inscription on them being simply the names of each—Giddie, Frankie and Hillie.

Loved by the poor, honored by the wealthy, revered by his patients, respected by the profession of which he was a member, he sacrificed his life for the benefit of others. Sitting on his cottage porch, surrounded by the members of his family, looking out on his pretty lawn, the beautiful valley and the glorious Catskill that he so much loved, he passed away from earth peacefully and hopefully—A Christian Physician.

Mr. President, I move that a committee, to consist of three members, be appointed by the Chair, to prepare suitable resolutions on the death of Dr. A. Cooke Hull.

The speaker was followed by Dr. J. F. Talmadge, who spoke as follows:

Mr. President: In seconding the motion of Dr. Summer, that a committee be appointed to draft resolutions expressive of the great loss we have sustained in the death of our distinguished associate and brother practitioner, Dr. A. Cooke Hull, I take the opportunity to say a few words of him, in his relations to us as a physician, and to Brooklyn as a citizen, which I trust will be in harmony with the tribute to his memory that we are convened here this evening to offer.

A long association with Dr. Hull as partner in the practice of medicine, gave me opportunities of becoming familiar with his private and professional characteristics, possessed in an equal degree by no other member of this Society.

In his death we mourn a brother in medicine whom we often found of great benefit to ourselves and our patients in the hour of danger and death, by his wise counsels and experience.

Few among us, whether they have gone to their long home or are remaining behind, possessed his skill and acumen in diagnosis, prognosis and therapeutics.

His signal success in securing the confidence and patronage of our most cultured and accomplished citizens of all professions, in all the walks of life, and permanently retaining them, was a testimonial during his lifetime of their estimate of his professional abilities and skill.

The merchant prince, the astute lawyer, the scholarly clergyman, brokers wise in finance, members of Congress, and the intelligent of all classes were his patients and friends, and now they all bear cheerful testimony of their profound appreciation of him in all the relations of life. We, who remain, may be a forest of sturdy oaks; but if so, one of the oldest, who had successfully weathered the storms of many years, lies prostrate at our feet, emblematic of a fate that will soon come to us.

Let us not forget the lesson.

Dr. Hull's patients mourn a physician long trusted and loved. In many a household, no successor, however cultured or skillful or kind, can fully fill his place.

Memory must forget her office before Hull, the loved physician, is forgotten.

A vacant chair is at the family hearthstone. A mourning wife and three fatherless children are in tears, and cannot be comforted.

Years will not erase from their hearts the kind husband and indulgent parent.

To them that chair will ever be vacant until they go up to meet him on that other shore where he is waiting to greet them.

Brooklyn has lost a citizen who has done much for the culture and refinement of ourselves and our families in elevating the standard of public taste. The Athenæum, the Philharmonic Society, the Art Association, the Historical Society, the Academy of Music, the Brooklyn Club, etc., all are monuments to his memory, results of efforts which were inaugurated by him and his intimate friends.

Our wealthy citizens indorsed these enterprises by substantial subscriptions after their inception, and thereby made all successful, but this fact only enhances the wisdom and value to the city of this corps of earnest working organizers.

Hull has fulfilled well his mission, and is now resting from his work in the beautiful cemetery on the hillside at Catskill.

As a former partner and intimate friend, it is my great privi-

lege, as a last tribute to his memory, to bear witness to the ever pleasant relations of our past association.

He was always courteous and kind, and ever pleased to exercise self-denial to promote my professional success.

He ever spoke of his brother physicians with kindness and appreciation, and desired all to attain success and eminence. He entertained jealously towards no one.

He performed his professional duties to the best of his skill and science, and then, often, when he should have sought rest for the morrow, he gave his time and energies to the public enterprises of the city. This was his recreation, in preference to parties and the usual social amusements.

If this work was too arduous and shortened his life, we who remain and receive the benefits of these labors should not forget by what sacrifice they have came to us; and each of us, in token of a grateful appreciation, should be eager to add a laurel to his crown, and even try, in emulation of his example, to work all the good in our power during our short sojourn here.

The motion was adopted, and Drs. Sumner, Talmage and Wright were appointed to prepare the resolutions. After a short recess the committee returned, and Dr. Sumner read the following resolutions, which were unanimously adopted:

Your committee would respectfully report as the expression of this meeting:

That, in the death of our distinguished fellow-member and former President, A. Cooke Hull, M. D., this Society sustains the loss of a sincere friend, a public-spirited citizen, and a Christian physician; and that we extend to his bereaved family the earnest assurance of our heartfelt sympathy in this their hour of trial.

That, in all our intercourse with Dr. Hull, we ever found him courteous and helpful to his associates, mindful of the dignity and claims of his chosen profession, wise in council, able, liberal-minded, and successful in practice.

That his whole connection with the "Kings County Homœopathic Medical Society." was marked by a readiness to defend its rights, to promote its interests, and by every means within his power to maintain that *esprit du corps* so essential to its prosperity.

That a suitable report of the proceedings of this meeting be presented to the family of the deceased, and published also in the daily papers, and homœopathic medical journals.

The meeting then adjourned.

Tribute to the Memory of Mr. May.

At an adjourned meeting of "The Kings County Homœopathic Medical Society," held in Brooklyn, N. Y., on Tuesday evening March 11, 1868, the following resolutions were adopted, viz.:

Whereas, Since the last monthly meeting of "The Kings County Homœopathic Medical Society," we have been called to attend the funeral obsequies of our much esteemed friend and colleague, Horace May, M. D., who has been an honored member of this Society since its foundation.

Resolved, That, while we bow in humble submission to Almighty God, who, in his inscrutable providence, has thus suddenly bereft us, we cherish a high respect for the memory of our beloved brother, who, by his untiring devotion to the duties of his profession for seventeen years in this city), has won the confidence and esteem of a large circle of friends and patrons, who now mourn with us the loss of a beloved physician and dear friend.

Resolved, That, by his sudden death, we who remain are admonished to increased diligence and faithfulness in discharging the duties of that profession to which he was so ardently devoted.

Resolved, That we tender to the family and friends of the deceased our heartfelt sympathies in their affliction, and the assurance that we shall ever cherish in kind remembrance our departed brother's worth.

Resolved, That a copy of these resolutions be handed to the widow of the deceased, and also that they be published in the city papers, and in the medical journals.

A. C. BURKE, M. D., *President.*

B. Fincke, M. D., *Recording Secretary.*

LIVINGSTON COUNTY MEDICAL SOCIETY.

ARTICLE 62.—List of Officers, Delegates, Committee and Members.
63.—Report of the Livingston County Homœopathic Medical Society. Proceedings of the Annual Meeting, held June 2, 1868. By JAS. A. West, M. D., Secretary.
64.—The Progress and Present Status of Homœopathy. An Address. By A. L. L. POTTER, M. D.

ARTICLE LXII.

List of Officers, Delegates, Committees and Members.

Officers.

Dr. J. N. Anderson, President.
A. L. L. Potter, Vice President.
J. A. West, Secretary.
H. M. Dayfoot, Treasurer.

Censors.

Dr. A. L. L. Potter, Dr. A. A. West,
Dr. H. M. Dayfoot.

Delegate to American Institute of Homœopathy.

Dr. J. N. Anderson; alternate, Dr. H. M. Dayfoot.

Delegates to the State Society.

Dr. J. N. Anderson, Dr. J. A. West.

Members.

Drs. J. N. Anderson,	Dansville,	Livingston Co.
J. M. Blakesley	Avon	do
O. D. Hamilton	Mt. Morris	do
W. R. Wells	do	do
H. M. Dayfoot	do	do
A. A. West	Fowlersville	do
J. A. West	Geneseo	do
A. L. L. Potter	Albion	Orleans Co.

The next annual meeting of the Society will be held in Geneseo, on the second Tuesday of June, 1869. The next semi-annual meeting will be held at Mount Morris, on the second Tuesday in December, 1868.

ARTICLE LXIII.

Report of the Livingston County Homœopathic Medical Society. Proceedings of the Annual Meeting, held June 2, 1868. By Jas. A. West, M. D., Secretary.

The annual meeting of the Livingston County Homœopathic Medical Society, was held at the office of Dr. J. N. Anderson, Dansville, Tuesday, June 2, 1868.

The President, Dr. A. L. L. Potter, in the chair.

Upon calling the roll by the Secretary, all the members of the Society were found present.

Dr. H. M. Dayfoot was duly elected a member of the Society.

The Society then proceeded to the election of officers for the ensuing year. [See page 358.]

The following resolutions were adopted:

Resolved, That we heartily endorse the effort of the State Homœopathic Medical Society, in securing a charter for a Lunatic Asylum to be located in Western New York, and under the care of homœopathic physicians.

Resolved, That Dr. Potter be requested to furnish the Secretary a copy of his address, entitled "The Progress and Present Status of Homœopathy," for publication in the report of the State Society.

Resolved, That Dr. Dayfoot be requested to furnish a copy of his address, entitled "Homœopathy for the People," for publication.

Resolved, That the semi-annual meeting be held at Mount Morris, on the second Tuesday in December next, at 12 o'clock M., and that Dr. H. M. Dayfoot be invited to address the Society.

Resolved, That the Secretary assign subjects to each of the members for discussion at the semi-annual meeting.

Resolved, That the next annual meeting of the Society be held at Geneseo, on the second Tuesday of June, 1869.

On motion, Treasurer's report was read. Receipts were $15,00. Disbursements, $15.10.

On motion, meeting adjourned.

ARTICLE LXIV.

The Progress and Present Status of Homœopathy. Address before the Livingston County Medical Society. By A. L. L. Potter, M. D.

Ladies and Gentlemen—Progress and improvement are the watchwords of the present age. The history of agriculture, commerce, science and the arts is replete with the history of invention, discovery and improvement, awakening universal admiration. In agriculture, improved modes of culture have been instituted, and an almost endless variety of implements of husbandry invented, in order to render less arduous the labor of the husbandman. Nor have the improved facilities of the commercial world been less extensive within the present century. Fifty years ago there were no steamboats upon our waters; no railroads spanning the continent; no telegraphs to transmit intelligence from city to city. But now the steamship is ploughing every sea and ocean on the globe, and the iron horse is harnessed upon the railroad track, conveying daily, people by hundreds and by thousands with their goods and merchandise in every direction throughout the Union; and, as if to perfect commercial facilities, the magnetic telegraph, by its mysterious workings, at a moment's warning announces to the business community in every important locality, every change in the prices current, in all parts of the commercial world.

As much may be said of the rapid march of science and the arts. In astronomy, geology, chemistry and painting, important discoveries have been made, while the facilities of education have been increased a hundred fold.

But what may be said of the sublime healing art and the science of medicine? Have there been no discoveries, no corresponding evidences of progress or improvement?

In the year 1790, the dawn of a new day in the history and practice of medicine appeared. From the rich store of facts which had been accumulating for centuries under the eagle eye of experience, the genius of the immortal Hahnemann educed an universal law of cure—the law, *similia similibus curantur.*

To him, to whom the welfare of his fellow creatures is dear, the history of the progress of any great truth must ever be a subject of peculiar interest. Never did any man or age bring to light a discovery so fraught with real benefit to the world, as the discovery of which we are now speaking. The great reformation in medicine under Hahnemann, like the great reformation in religion

under Luther, originated in Germany; and to the critical and unbiassed observer, a striking similarity may be seen in the characters of these reformers.

Luther was a bold, talented, persevering and enthusiastic vindicator of the doctrines of our holy religion. Hahnemann was distinguished for a deep and penetrating mind, rare professional attainments, indomitable perseverance, and a spirit of pure philanthropy that knew no bounds.

That a correct opinion of Hahnemann may be entertained, I may be allowed here to introduce the testimony of two or three celebrated physicians of the allopathic school.

Hufeland, the venerable patriarch of German allopathy, in his journal of 1826, says: "Homœopathy is advancing in importance, and its author is a man to whom we must concede our respect. That Hahnemann deserves this cannot well be denied, especially by the writer of this article, who has been united to him by the ties of friendship for more than thirty years, having always esteemed him as one of our most distinguished, intelligent and original physicians."

Kopp, a celebrated physician of the city of Hanan, testifies to his ability as follows: "Whoever has traced Hahnaman's career with a critical eye, whether as an author, teacher, or founder of a new school, must be struck with his genius for investigation, originality of reflection, and gigantic powers of mind."

Valentine Mott, M. D., of New York, imbued with the becoming liberality of an unprejudiced and noble mind, visited Hahnnemann during his first sojourn in Europe. Instead of denouncing this venerable philosopher, he had the moral courage to speak of him in the following language: "Hahnneman is one of the most accomplished and scientific physicians of the present age."

Here I may be allowed to add that as late as the year 1833, the Medical Society of the City and County of New York, an association composed of all the legally recognized allopathic physicians residing in that large community, elected Dr. Samuel Hahnemann an honorary member of the Society, and transmitted to him a diploma conferring this, the highest honor within the gift of the Society.

Homœopathy is in its infancy. The first publications of Hahnemann were issued in the year 1796; but they seem to have attracted no more notice than if they had been written in an unknown tongue. His theory was not adopted nor opposed. No

sooner however did he begin to apply it in practice, than light dawned on the physicians and apothecaries of the city of Leipsic, where he dwelt.

They soon discovered, as some of our far-seeing allopathic brethren of the present day have, that a horrible thing had been committed in the land, and that thereby their craft was in danger —the sick and suffering were restored to health without drugs.

It is not surprising that they soon began to speak evil of this new way. The city government of Leipsic had, at some former period, enacted a law requiring all prescriptions to be prepared by an apothecary; accordingly they revived this obsolete enactment, and many times required the transgressor to feel its penalty.

Hahnemann was finally compelled to renounce his practice, or to seek an asylum in some other land. For many years he traveled from town to town, and from country to country, till at length he reached Coethen, in the territory of Anhalt, where he found a resting place, and in the reigning Duke, a protector.

It certainly is no argument against the truthfulness of Hahnemann's theory, or the utility of his system that the cruel arm of persecution from the medical profession was raised against him, for the same spirit of intolerance has followed the most distinguished medical discoveries in every age. Harvey's announcement of the discovery of the circulation of the blood was treated with contempt by the profession, and a torrent of persecution followed him through life. He was in derision called "*The Circulator.*" The efforts of his enemies were so successful that for a time he lost the greater part of his practice.

But Harvey outlived their malice and became physician to the first two English Kings, James and Charles.

Vaccination, discovered by the illustrious Jenner, although of incalculable value to mankind, was first received with ridicule and contempt. The Royal College of Physicians refused him license to practice his profession in London, even after the value of vaccination had been generally admitted.

When Ambrose Pare, surgeon to King Francis I, substituted the ligature by which he tied the arteries to stop the blood in amputation, instead of searing them with boiling pitch, as was the custom, he was treated as a fanatic by the profession.

Although in the year 1810 Hahnemann published his materia medica and gave to his new system the name of "Homœopathy," it was not until the year 1822, that it received any considerable

impulse or popular favor. Italy seems to have been the first of the European Kingdoms cordially to receive the light of medical reform. Councillor Necker, a distinguished physician of the city of Naples, having been cured of a dangerous disease of the lungs by Hahnemann, studied the principles of the system which had saved his life, and returned to his own city to practice them.

The astonishing success of Dr. Necker soon attracted the attention of Professor Horatiis, and several other prominent practitioners of Naples, who, after a series of careful experiments, gave in their adherence and influence to the new system.

In the year 1824, Professor Bigelius of St. Petersburgh, chief physician of the Grand Duke Constantine, studied the new system, and like every other honest man, without a single exception, became a convert, and renounced his own practice. He published, in 1827, a work in three volumes in the French language, in which he zealously advocated the new system.

About the same time Count Des Guidi, a member of the Royal Academy of Naples, and an eminent practitioner at Lyons, astonished at the almost miraclous effects of the remedies in saving the life of his wife, hastened to make himself acquainted with the new system. He proceeded without delay to Naples, and there under the instruction of Professor Horatiis, for three successive years devoted himself to the study of homœopathy. He then returned to France to introduce the homœopathic system of practice. This talented and learned gentleman produced a marked sensation among the medical men of France by proclaiming himself a homœopathist.

Des Guidi's wonderful success attracted the attention of the medical men around him and many were induced to embrace the doctrines of Hahnemann, among whom were Du Fresne and Peschier, of Switzerland. Convinced by the experiments they made that homœopathy was a magnificent truth, they hesitated not to introduce it into Geneva.

To these two last named gentlemen belong the honor of having first dared to stand forth publicly to vindicate the system they had adopted.

In the year 1822, Councillor Stapf commenced his "Archives," issuing it three times a year in the city of Leipsic. This was the first periodical work published in the German language devoted to the propagation of the sublime principles of the great reformer. This work had a very extensive circulation and forms a valuable

treasury of the richest documents of the homœopathic materia medica.

In the year 1830, Peschier issued the first number of the "*Bibliotheque Homœopathique*," a monthly journal published at Geneva, and the first work devoted to the subject in the French language. From that period may be dated the rise of homœopathy in France. Hitherto all the works on the new system had been written in Germany.

The system promulgated by Hahnemann found its first friends and supporters among the most intelligent and scientific physicians and laymen in the kingdoms of Europe, and we are confident that the facts will sustain the assertion that the same is true in any and every community into which homœopathy has been introduced.

In the year 1836, only fourteen years after Stapf commenced his Archives at Leipsic, and six years subsequent to the time that Peschier published the first number of the "*Bibliotheque Homœopathique*" at Geneva, we find the following authentic account of the progress which the system had made in this brief period.

There are now no less than forty works advocating homœopathy in Germany alone; eight periodical publications in the German language wholly devoted to the propagation of it. Another is published at Paris, in France, and another in Dijon, and still another at Leipsic, in Saxony.

In the Grand Duchy of Baden, there are not less than forty practitioners of homœopathy. The system is advancing in Wurtemburg. A course of lectures has been given on the subject for three years at the University at Munich. A professorship of homœopathy has been established at Erlangen. In Vienna, Austria, there are at least forty physicians who have become converts to the new system. The State government of Hesse has pronounced in its favor, while in Saxony, Silesia, Westphalia, Prussia, Hamburgh, Hanover, and Mecklenburgh, the new doctrine is ably taught and practiced.

In the year 1829, the first Homœopathic Society was founded at Leipsic, and at this period there were seven similar societies in Germany alone. Peschier and Du Fresne had kindled the light on the mountains of Switzerland, the rays of which shone out upon the surrounding valleys.

In the kingdom of Naples there were eighteen homœopathic physicians, and some of them, gentlemen of the first eminence.

One was President of the Academy of Medicine, and first surgeon of the Military Hospital; another physician to the Queen; another professor in the University; another physician to the Hospital of Invalids; another first physician to the Army, and another Inspector-in-Chief of the Civil and Military Hospital.

In Paris there was an Homœopathic Institute, besides a flourishing and numerous Society devoted to the interests of the new system.

There were four hospitals at this period under the care of homœopathic physicians.

Such was the progress of homœopathy in Europe in the brief period of fourteen years, and such was the condition of the new school forty years ago.

The inquiry may now arise, did the system of Hahnemann reach its ultimatum of prosperity and progress at this period? Such a statement has been published to the world. But let the reliable and authentic facts found in its subsequent history answer.

The next account of the progress and condition of the homœopathic school in Europe was published by Dr. A. Gerald Hull, of New York, in the year 1842. At this time Europe could boast of two thousand homœopathic physicians, most of whom were converts from the allopathic school. Besides, the patrons of this new system were found in every country in Europe, and a large proportion of the inhabitants of every city and town in Germany were among its firm adherents.

During this period homœopathy was introduced among the nobility of England, and the first allopathic physician who became a convert, was the distinguished Dr. F. F. Quinn, of London. Besides the compliment of being selected as attending physician to the King of Belgium, he commanded an immense and lucrative practice among the noble and intelligent of Great Brittain.

The names of many other eminent physicians who had become converts to the new system might be added, but a few must suffice. A. L. Jourdan, M. D., of Paris, member of the Institute of France, and who has long been recognized as a popular associate of the literati of that Empire, was among the number. Dr. Quadei, professor of the University of Naples, and physician to the Ophthalmic Hospital, was known as one of the most distinguished homœopathic physicians in Italy.

Dr. Stigeman, Councillor of State at St. Petersburgh embraced homœopathy while in the midst of an extensive practice in the

city, and, like the physicians of London, he carried with him the more intelligent class of his former patrons. We will also mention that Dr. G. L. Rau, Medical Councillor and physician to the Duke of Hesse Darmstadt, was among the seceders from the old school and became an ardent advocate of the principles of homœopathy.

G. A. H. Muhlenbein, M. D., privy and State Councillor, physician to the Duke of Brunswick, alludes to the relative merits of the two systems in the following language: "I have been a doctor of medicine for fifty years. During thirty years of which I practiced allopathy with success, if I may judge from the honors conferred upon me, but I assure you I owe daily oblation to my Creator for an allowance of sufficient years to become convinced of the great homœopathic truth. Never, until I practiced homœopathy, was I fully convinced of the utility of any system of medicine."

Some idea of the condition of our school in Europe at this period (1842) may be formed from the character and standing of the leading homœopathic physicians. And first, we may mention the interesting fact that there were no less than thirty-six professors in the different Universities filled by physicians in the various departments of medicine, chemistry or philosophy, who were prominent advocates of homœopathy.

The titles of Councillor of State and Councillor of Medicine are conferred by the Sovereigns of Europe upon such physicians only as are distinguished for their acquisitions in general science and medicine. And the conferring of such titles is esteemed as a compliment of the highest honor. In 1842, homœopathy could proudly boast of fifty-five physicians, upon whom these honors had been conferred.

Another class of distinguished dignitaries are court physicians. These are positions of honor which allopathic practitioners have always struggled to secure. No less than twenty-two homœopathic physicians and surgeons, whose success in the healing art had been unparalleled, had been rewarded with these posts of honor. Among the army surgeons we find a list of twenty-three who had embraced the system inculcated by the immortal Hahnemann.

In the year 1836, there were only two universities in all Europe in which homœopathy was allowed to be taught as a system of medical science, but in 1842, according to Councillor Holff and

others, there were no less than seventeen institutions of learning in which homœopathic professorships had been established, and courses of lectures on this new system of medicine were annually delivered to classes of young men.

The literature of our school at this time deserves, at least, a passing notice. No less than seven hundred volumes had been issued from the press, and many of them of a highly scientific character. They were published in the Russian, Danish, Italian, German, French and English languages. Besides, twenty ably conducted homœopathic periodicals were issued to disseminate the light of medical reform throughout the country.

Eighteen hospitals were now wholly or in part under the care of physicians of the new school. Besides, there were eight dispensaries and forty associations in Europe at this period.

From the above facts it will be seen that twenty-seven years ago homœopathy occupied a high position in Europe, while its progress was onward! right onward! And we unhesitatingly affirm that this has been its course to the present period, 1868.

According to the most recent authentic accounts, the system was never more prosperous in the land of its nativity than at present. There is not a number of our foreign quarterlies that does not give intelligence of some prominent and scientific man or men converted from the old to the new school. In Germany the system is steadily advancing, also in Russia, Italy, Spain, France and Great Britain. In the city of Vienna there are three homœopathic hospitals in successful operation. One of them, that of the Sisters of Mercy, has some fifteen hundred patients under homœopathic treatment.

The people of Great Britain have recently done much to advance the new practice. They have organized a powerful association in London of the nobility and gentry, numbering some fifteen hundred members, for the purpose of publishing popular essays on the subject, designed to enlighten the common people. They have recently established homœopathic dispensaries in all the principal cities and towns throughout the kingdom, to the number of sixty-nine. Besides, they have six very extensive hospitals in a flourishing condition. One of them in the city of London, situated in Golden Square, was founded in the year 1849 under the patronage of her Royal Highness the Duchess of Kent. The Earl of Wilton is now President of the Board, and among its vice-presidents are the Archbishop of Dublin, Lord Gordon, and several members of

Parliament. At the present time upwards of 70,000 patients have been treated at this hospital, at an annual expense of $4,000. The homœopathic physicians of Great Britain are numbered by hundreds, one hundred and twelve of whom are in London, and many of them are men of great eminence.

The system is rapidly spreading in France. The Emperor has favored its adoption into the army, and the Empress Eugenie is among its active supporters.

The Spanish Court have adopted the homœopathic practice. Homœopathy occupies a commanding position in Paris, the city where Hahnemann spent the last years of his life. There are about ninety physicians there, many of them occupying important posts of honor.

Thus we see that the homœopathic system has been progressing steadily in Europe from its inception to the present period, and that it occupies a high position as a system of medical reform.

While homœopathy was thus striking its roots deep and broad in all parts of the continent of Europe, the spirit of reform crossed the Atlantic, and its introduction into this country was inaugurated by the late lamented Dr. Gram, of New York, in the year 1826. Soon after his arrival he published a brief but forcible argument in its favor in a pamphlet entitled "The Spirit of the Homœopathic Doctrines," which no allopathist has attempted to answer.

Not long after, Constantine Hering, M. D., located in the city of Philadelphia, and like the Hahnemann of America, he soon gathered around him scores of intelligent disciples, so that in the year 1836 there existed a flourishing society in that city, composed of distinguished men of the profession, who were ardently devoted to the propagation of the sublime doctrines of the great reformer.

From this radiating point the true light of medical reform beamed out in every direction, and as early as the year 1837, the indefatigable and accomplished Richhelm crossed the Alleghanies and kindled a fire in the "Iron City" of the West, whose radiant light has pierced the surrounding darkness and filled with glory the broad valley of the Ohio, lit up the Mississippi and the lakes, and whose healing beams reflected from the snow-capped summits of the Rocky Mountains, now descends in beauteous rays along the wild Pacific and accross the golden valley of the Sacramento.

In the same year Dr. Pulte planted the standard of homœopathy in the city of Cincinnati. Homœopathy, like all true reforms, has gone hand in hand with the enterprising spirit of the age, and to-day, in every important city and town in all the States

and territories of the West, the benign blessings of the healing art are dispensed in accordance with the law *similia similibus curantur*.

In Philadelphia there are 150 practitioners, two chartered homœopathic medical colleges. a flourishing hospital, and one or two dispensaries. There is also a chartered homœopathic medical college at Cleveland, Ohio, one each in New York, Chicago and St. Louis. The Mississippi State Hospital at Natchez, and the Chicago city hospital are by governmental authority under the care of homœopathic physicians.

Nor has the new system been overlooked in the land of the Pilgrim Fathers. In all the New England States it has flourished gloriously for many years. A hospital has been established at Boston. Four of the States have State Societies, and the practitioners of New England are men of sterling talent and ability.

Physicians of our school are found in all the Southern States, and in Mexico, Texas, California, South America, Canada and the West India Islands. Indeed, travel in whatever direction you may within the vast continent of America, and you will greet at almost every turn the ardent and enthusiastic supporter of this glorious system of medical reform.

But in no portion of the New World has homœopathy made such rapid strides as in the Empire State. One quarter of the present century had rolled away before the new system could boast of a single convert from the medical profession in America. In the year 1827, the distinguished Dr. John F. Gray, of New York, studied and adopted the system of Hahnemann, and well may we be proud of such a man as the first convert in this country.

The conversion and successful practice of Dr. Gray attracted the attention of the medical profession in the great emporium, and soon a number of the leading physicians studied and embraced the new system. In harmony with these, several eminent homœopathic physicians from Europe zealously engaged in diffusing the leaven of reform, and through their influence hundreds and thousands of the intelligent and wealthy of the city of New York became the ardent friends and supporters of homœopathy. Thirty years ago the system was unknown in this State, beyond the precincts of the city and county of New York; but a system fraught

with such blessings to mankind could not be confined within the narrow limits of any city.

From this pure and gushing fountain issued the streams of health and happiness, coursing through all the cities and important towns of the Empire State, and leaving upon their green and shady banks, thousands upon thousands to testify of their purifying and healthgiving influence.

We have now some seven hundred licensed and graduated physicians, about two hundred of whom are located in the cities of New York and Brooklyn, and not less than five hundred thousand uncompromising adherents to homœopathy.

There is also a flourishing State Society. In New York city there are four Dispensaries and the Protestant Half Orphan Asylum, under the care of physicians of our school. Besides, there are upwards of thirty local and county medical societies which have been organized in accordance with the provisions of an act of our State Legislature, passed in 1857, by which is conferred on us all the powers, immunities, and privileges of allopathic medical societies.

The Homœopathic Medical Society of this county, whose eleventh annual meeting occurs to-day, was the second county society formed in the State agreeable to the statute above mentioned, and its honorable president was the first pioneer to plant the standard of homœopathy in the rich and fertile valley of the Genesee.

In this investigation we cannot overlook the "American Institute of Homœopathy," a society organized in 1843, and including in its membership some seven hundred leading physicians of the country. To this all the State Societies are auxilliary.

The homœopathic medical profession of this country now number nearly four thousand physicians and surgeons. Thus we see, that the course of homœopathy from its origin has been onward and upward, encroaching at every step upon the domains of allopathy, receding at no point, ever gaining new adherents, and never losing one genuine convert; and that amidst the most bitter and violent opposition in the profession and out of it.

It has withstood the irony, the ridicule and false statements of its opponents, and has marched on triumphantly, achieving victory after victory, until it has taken a strong hold on the mind of the civilized world; and to-day, although in our infancy, we can proudly boast of more than *eight thousand* licensed and graduated

physicians and surgeons in our school, while the patrons and supporters of the system are numbered by millions.

In conclusion I will state, that homœopathy is no longer an experiment. More than half a century has rolled away since its first promulgation, and each succeeding year more fully demonstrates that it is a true reform in medicine. It has passed through the first stage of opposition from the profession, that of raillery and ridicule; it is far advanced in the second stage, that of abuse; and ere long it will enter the third and last stage, that of general adoption.

Homœopathy has a claim to the confidence of every intelligent community. Its progress, during the brief period of its existence, is unparalleled in the history of medical science. Its physicians are generally men distinguished for learning and ability, most of them converts from the old school; and its patrons are found among the noble and intelligent in every community, in Europe and America.

Homœopathy is entitled to the fellowship of the medical profession. It is a system which involves none of the secret elements of quackery. Its treatment is scientific, philosophical and successful beyond a parallel.

A word to the Society and friends of homœopathy. Well may we be proud of our cause, its unequalled progress and the high position it occupies throughout the civilized world. In regard to the future we have everything to hope and nothing to fear, since in the pure principles of our system we see the elements of stability and triumph; and we may cherish the expectation that at no distant day the time-worn and shattered walls of the allopathic edifice will crumble to the dust. The temple of the immortal Hahnemann will continue to rise in magnificent grandeur until it fill the earth, while upon the unfurled banner shall be inscribed, in letters of living light, the immutable law, *Similia Similibus Curantur.*

MADISON COUNTY MEDICAL SOCIETY.

ARTICLE 65.—List of Officers, Delegates, Committees and Members.
66.—Report of Madison County Homœopathic Medical Society, comprising:
A. Proceedings of the Fourth Annual Meeting, held June 25, 1867.
B. Proceedings of the Fifth Annual Meeting, held June 23, 1868.
By G. B. PALMER, M. D., Secretary.
67.—Clinical Report. Surgical Cases. By GEO. B. PALMER, M. D., of East Hamilton.
68.—Clinical Report. Case of Fistula. By H. F. ADAMS, M. D., of Canastota.
69.—Cerebro Spinal Meningitis. By H. F. ADAMS, M. D., of Canastota.

ARTICLE LXV

List of Officers, Delegates, Committees and Members.

Officers.

Drs. E. C. Bass, President.
A. A. Lewis, Vice-President.
Geo. B. Palmer, Secretary and Treasurer.

Censors.

Dr. H. F. Adams, Dr. A. E. Wallace, Dr. G. L. Gifford.

Delegates to the State Society.

Dr. A. E. Wallace, Dr. E. C. Bass.

Delegate to Onondaga County Society.

Dr. A. A. Lewis.

Delegate to Oneida County Society.

Dr. A. E. Wallace.

Delegate to Otsego County Society.

Dr. Ira C. Owen.

Committees.

Drs. D. D. Loomis	Disease of Children.
G. L. Gifford	Typhoid Fever.
Isaac Clarke	Cerebro-Spinal Meningitis
A. E. Wallace	Scarlatina.
Ira C. Owen	Phthisis Pulmonalis.
S. S. Spooner	Cephalalgia.
H. F. Adams	Chronic Metritis.
Geo. B. Palmer	New Remedies.
E. C. Bass	Surgery.

Honorary Members.

Drs. E. A. Munger	Waterville	Oneida county.	
Geo. W. Bailey	Elizabeth	New Jersey.	
H. M. Paine	Albany	Albany county.	
W. B. Brown	Rochester	Monroe	do
H. Willis	Clinton	Oneida	do

Members.

Drs. D. D. Loomis	Oneida	Madison county.
G. L. Gifford	Hamilton	do
Isaac Clarke	Eaton	do
A. A. Lewis	De Ruyter	do
A. E. Wallace	Oneida	do
S. S. Spooner	do	do
H. F. Adams	Canastota	do
E. C. Bass	Cazenovia	do
Geo. W. Palmer	East Hamilton	do
Ira C. Owen	Sherburne	Chenango county.

The annual meeting is held on the fourth Tuesday in June, at Morrisville; the semi-annual, the second Tuesday in January.

ARTICLE LXVI.

Report of the Madison County Homœopathic Medical Society, comprising,
A.—Proceedings of the Fourth Annual Meeting, held June 25, 1867.
B.—Proceedings of the Fifth Annual Meeting, held June 23, 1868.
By GEO. B. PALMER, Secretary.

A.

PROCEEDINGS OF THE FOURTH ANNUAL MEETING.

The fourth annual meeting of the Society was held at the Madison House, Morrisville, June 25, 1867.

There were present, Drs. Adams, Loomis, Owen, Gifford, Wallace, Palmer, Bass and A. A. Lewis.

Dr. Adams in the Chair.

The minutes of the last meeting were read and approved.

On motion, Drs. Bass and Lewis were elected to membership.

Dr. Wallace reported a very interesting case of carcinoma of the mesentery and pyloric orifice of the stomach, which gave rise to a lengthy discussion, pending which the Society adjourned for one hour.

AFTERNOON SESSION.

The discussion of the case presented by Dr. Wallace was resumed by Dr. Owen, who also presented the history of a similar case.

Dr. Loomis, from the committee on obstetrics presented a verbal report. Cases from practice were also related by Drs. Owen and Wallace.

Dr. Palmer read a paper entitled, "Clinical Report. Surgical Cases."

Dr. Adams read a paper upon the treatment of fistula. Also gave a verbal report upon the treatment of diseases of females, illustrated by a recital of cases from practice.

The resolution offered at the last annual meeting by Dr. Gifford, raising the fee for the Diploma of this Society to twenty dollars, was called up and passed.

On motion of Dr. Wallace, a tax of one dollar was assessed upon each member of the Society.

On motion, it was

Resolved, That a semi-annual meeting be held on the second Tuesday of January 1868, at this place.

Proceeded to elect officers for the ensuing year. See page 372.

On motion, the meeting adjourned.

B.

PROCEEDINGS OF THE FIFTH ANNUAL MEETING.

The fifth annual meeting of the Society was held at the Madison House, Morrisville, on Tuesday, June 23, 1868.

The meeting was called to order by the President, Dr. Adams.

The following members were present: Drs. Adams, Bass, Lewis, Palmer and Loomis.

The minutes of the last meeting were read and approved.

Dr. Palmer, from the committee of special pathology, made a verbal report, giving the history of two fatal cases of cerebro-spinal meningitis, and was requested, by vote of the Society, to write out the same.

Dr. Adams, from committee on materia medica, made a verbal report on the use of collinsonia canadensis, detailing a case of hemorrhoids in which the remedy was successfully used.

Dr. Palmer referred to its use in colic, also in some cases of cardialgia.

Dr. Adams called attention to the use of bromide of potassium in incontinence of urine, after epilepsy, also for the same disease in aged persons.

The committee on obstetrics presented no report.

The Society adjourned for one hour.

AFTERNOON SESSION.

The subject of flooding after labor was introduced by Dr. Bass, and an interesting discussion followed, during which pulsatilla, erigeron, secale, sabina and hamamelis were recommended by Drs. Adams, Bass and Loomis; also, the free use of cold water was relied on.

Dr. Bass, from the committee on surgery, gave the treatment of a case of fracture of the femur, in which sand-bags, with constant extension, were very successfully employed. The same plan of treatment was recommended by Dr. Adams.

Dr. Lewis gave the history and treatment of a case of retroversion of the uterus.

Dr. Gifford the history of a similar case.

Dr. Adams presented a paper entitled "Cerebro-spinal Meningitis," with a report of two cases.

Dr. Palmer read a paper entitled "Dioscorea villosa."

On motion of Dr. Lewis, a committee of three were appointed to confer with the members elected to the next Legislature from this county, and endeavor to secure a proper recognition of homœopathy whenever legislation may affect us.

Drs. Lewis, Bass and Palmer were appointed such committee.

The following was offered by Dr. Lewis, and laid over till the next meeting:

Resolved, That the secretary be authorized to procure a certificate of membership for the use of the Society.

On motion of Dr. Loomis, it was

Resolved, That the next meeting be held in the village of Oneida, on the fourth Tuesday in June, 1869, at 10 o'clock A. M.

The Society then proceeded to the election of officers. See page .

Meeting adjourned.

ARTICLE LXVII.

Clinical Report. Surgical Cases. By GEORGE B. PALMER, M. D., of East Hamilton.

The surgical experience of a country physician is usually comparatively limited; and in reporting upon the homœopathic treatment of surgical cases, I shall briefly describe two or three which have come under my care within the last few months, and give the treatment adopted in each.

CASE I.

Mr. C——, aged forty-six, good habits and strong; while assisting to raise a heavy rock, and standing directly over a lever, which suddenly flew up, was struck by the end of said lever just under the chin, causing a wound two and a half inches long and one inch deep, across and under the chin. There was also a fracture of the inferior maxillary, one inch to the right of the symphysis; two teeth knocked out. There being considerable hemorrhage from the nostrils, further examination was made, which showed a fracture extending traversely across the roof of the mouth, and also that the nasal processes of the superior maxillary were more or less injured, though not displaced.

Treatment.—The wound was cleansed and closed with adhesive straps; the fracture of the roof of the mouth adjusted as well as could be; the chin and lower jaw adjusted and held in place by a simple splint of card-board and bandage. Dilute tincture of arnica was applied to the surface; compresses wet with the same ordered to be laid on the face.

At the end of ten days union seemed to have taken place in the lower jaw, but the roof of the mouth was still movable, motion being perceived while swallowing.

At the time of the accident the patient was wearing an upper plate of artificial teeth, which were, of course, demolished; but, fortunately, he had another plate just completed. These were introduced and found to fit well, retaining the roof of the mouth in its proper place and firmly, so that, in two weeks more, union seemed to be perfect. No internal remedies were used. The inflammatory action was slight. The patient was not even kept in the house.

CASE II.

In October last Mr. B——, aged thirty, fell from a scaffolding about eight feet high, injuring his left ancle severely. When I saw

it, about two hours afterwards, I found the following appearances: The foot was in nearly a natural position; but on the outside was seen the lower end of the fibula protruding through the integuments, which were lacerated about one and a half inches above; the bone being pushed through and lapping over upon the skin. I was told that after the fall Mr. B. found his foot turned inward at a right angle with the leg; he attempted to rise, but could not; that he took hold of his foot and turned it back, which accounted for the appearance above. There was also a fracture of the fibula about three inches above.

The flap of integument was firmly held in the joint, nor could I remove it, as it was. Sir Astley Cooper recommends, in this case, that an incision be made to release this flap; but in this case I adopted the following plan: Having the limb held in a semi-flexed position, I grasped the foot and, carrying it again inward, produced the dislocation again and released the flap of skin, which I held by my finger while the foot was brought back to its proper position. The wound was drawn nearly together with two narrow strips of adhesive plaster, so placed as to give room for the discharge which must take place. Bandages above and below the wound, and the limb placed on Day's inclined plane. Dilute tincture of calendula was applied over the wound by compresses; aconite and rhus tox. internally.

The ligaments being ruptured, there was, of course, an escape of the synovial fluid, and danger of serious inflammation.

The patient was put on light diet and kept quiet. Suppuration began on the third day, and was very free. The swelling was not as extensive as I had feared.

After suppuration was established. arsenicum, belladonna and calcarea carb. were administered. After about four weeks the patient was able to sit in a chair, although the wound was not healed till ten weeks had passed. Before this time, however, slight passive motion was commenced and continued, gradually increasing, so that now he is able to walk without a cane, has considerable motion of the joint, with but slight deformity, only a little enlargement. At the present time he is still improving, and satisfied with his condition.

ARTICLE LXVIII.

Clinical Report. Case of Fistula. By H. F. ADAMS, of Canastota.

I am well aware, that the treatment and cure of this terrible infirmity otherwise than by surgical means, has always been considered an utter impossibility by medical men of all classes; and our text books on surgery all minutely describe the operation for the eradication of fistula. Having in the course of a somewhat extended practice, met with several cases of this disease, for most of which operations were performed, from which the patients were a long time in recovering, and one (at least) of which resulted fatally to the patient, though not under my treatment at the time, I determined to attempt the cure of the next case that presented itself to my attention. Following out this resolution I have come to consider this disease as manageable as any of the numerous other difficulties which the old school consider curable by the knife only, and often at the greatest risk of the patient's life. I propose briefly to detail the treatment of one of these cases.

About April 10th, I was called on by Mr. B——, of our village, who requested me to visit his wife, who he said was all run down and used up. Accordingly I visited the lady, who said she was suffering from piles, and complained of great itching and burning, and much tumefaction of the rectum; there was no constipation of the bowels. I prescribed collinsonia [6]. a powder every three hours, and called the next day, when I found my patient entirely relieved of the symptoms complained of the day before; but she informed me there was another difficulty which she had not told me of the day before, which was really the most serious difficulty that she suffered from: she said there was a bunch just above the rectum, which whenever she exerted herself much was sure to gather and break. Suspecting the presence of fistula, I persuaded her to submit to an examination, when I found my suspicions true, and so informed her. She told me she knew that such was the case, as several physicians had previously, on examination, concurred in the opinion that nothing but a surgical operation would remedy the difficulty. I assured her that the case was susceptible of cure without any resort to surgery, and proposed to undertake the case at once, to which she assented. I found the concomitant symptoms present as follows; viz: Great soreness and pain throughout the entire back, from the sacrum to the shoulders, greatly increased whenever the patient

performed any labor. The fistula would close up, and inflammation and suppuration follow. There was also present an acrid leucorrhœal discharge, which was very prostrating in its effects. After a careful consideration of the symptoms, I prescribed berberis 30^{n} every three hours, which was continued regularly for one week. When I again saw the patient, although she had been engaged in moving and house cleaning, reported herself much better. Continued same treatment another week, when the patient thought herself so well as to require no more medicine. Discontinued the treatment for a few days, when the patient came to my office and desired more medicine, symptoms of a return of the disease showing themselves. Prescribed a few powders of the same remedy, berberis vul. 30^{n}, requesting the patient to report if any worse. In a few days, patient reported herself entirely well, there being no sign whatever to be seen of the old trouble; the leucorrhœa is entirely gone, and the patient continues well at the time of this writing.

ARTICLE LXIX.

Cerebro-spinal Meningitis. By Henry F. Adams, M. D., Canastota.

The peculiar pathological conditions, or rather, the group of symptoms to which this name has been given, is one of the diseases of the critical period of childhood, and is caused by dentition. It may be known by the following distinguishing characteristics: The child becomes restless and peevish, apparently without cause; soon followed by violent fever, with great redness of face and restlessness; frequent vomiting, which is generally of a mucous character; the vomiting is very soon followed by paroxysms of pain in the bowels, during which the child cries out suddenly and sharply, seizing its hair with its hands, often trying to bite its nurse during the continuance of the paroxysms.

The pains generally subside after an evacuation of the bowels, the chief characteristic of which is great pain and tenesmus; the stool being composed entirely of mucus, quite offensive in smell, and of a mixed greenish color. Another, and I might say one of the chief symptoms which presents itself in the outset of this disease, is a desire of the patient to get its head over the pillow or nurse's arm, so that the top of the head may hang downwards. There is also squinting of the eyes and intolerance of light and

great lack of motion; there is also great tendency to coldness of the extremities, the feet and hands first becoming cold, the coldness rapidly extending towards the trunk.

There are, indeed, many signs of exhaustion, which, if not promptly met, are speedily fatal, two causes operating to produce death; the first being paralysis of the nervous system, produced by inflammation of the base of the brain; the second being exhaustion by the diarrhœa.

There have been many objections to the name to which I adhere in this class of cases, many writers claiming that it and typhus are one and the same; but, though cerebral typhus presents many points of resemblance to meningitis, they are yet in many essentials different, and there can be no good reason why one should be mistaken for the other.

Prof. Guernsey, in his admirable work, calls the disease in question, "basilar inflammation," which is, I think, nearer right than "cerebral typhus." But its name is of small consequence; the symptoms above described are present, and to these we are to give our attention.

Having had several cases of this kind, I have had occasionally to look after some of the remedies appropriate to this class of cases, and the first in order unquestionably is apis. This remedy, in the earlier stages of the disease, meets all the symptoms; but if it has progressed for any great length of time, digitalis is more certain, and in the very latest, much benefit may be derived from zincum met., though of course, no remedy or set of remedies can be specific; therefore each practitioner should carefully analyze the symptoms for himself, and if these few crude thoughts serve him any useful purpose, the writer will feel honored in being the humble suggester of them. Let not your judgment be deterred from choosing that which is best and most plainly indicated.

I subjoin two cases to show the action of digitalis.

CASE I.

A large and fleshy male child, of eight months, heretofore healthy, was suddenly attacked with fever and vomiting, soon followed by the above described symptoms. An old school physician was called who pronounced the case "inflammation of the brain," and thought there was but little hope for the child. He attended for twenty-four hours, the disease constantly progressing, when I was called, and after carefully examining the case, pre-

scribed digitalis, a few globules dissolved in water; a teaspoonful to be given every two hours. When I left the patient, after the expiration of four hours, the symptoms were somewhat ameliorated. I continued to call daily, not changing my prescription, except to lengthen the interval between the doses for six days, when the patient was so far recovered as to need my services no longer; a few doses of china sufficing to complete the cure.

CASE II.

A male child of about ten months; had been sick a week when I was called, having been under allopathic treatment and constantly growing worse.

I found him unable to take any nourishment, without vomiting and frequent distressing stools of an exceedingly offensive character. There was also the sudden and sharp crying, with clinching of the hair or nurse's face, the squinting of the eyes and desire to get the head back as far as possible. The bowels were perfectly flat and shaped like a boat; the extremities were cold, and if not constantly wrapped in warm flannels, the coldness extended to the trunk.

These symptoms were so unmistakably digitalis that I prescribed it at once of the two hundredth potency, giving a powder every three hours. The patient was so near me that I could see him several times a day. Amelioration followed the first administration of the medicine and rapid improvement followed that, and in two weeks the child was so far recovered as to need no further regular attendance; a few doses of china being all that was required to counteract the debilitating losses, caused by the diarrhœa and vomiting.

MONROE COUNTY MEDICAL SOCIETY.

ARTICLE 70.—List of Officers, Delegates, Committees and Members.
71.—Report of the Monroe County Homœopathic Medical Society, comprising:
A. Proceedings of the Annual Meeting, held Jan, 13, 1868.
B. Proceedings of a Special Meeting, held Aug. 27, 1868.
By W. M. L. FISKE, M. D., Secretary.
72.—Cases of Reflex Disease of the Stomach, from Uterine Disease and Displacement. By W. M. L. FISKE, M. D., of Rochester.

ARTICLE LXX.

List of Officers, Delegates, Committees and Members.

Officers.

Dr. Hilum Bennett, President.
E. H. Hurd, Vice-President.
W. M. L. Fiske, Secretary and Treasurer.

Censors.

Dr. E. H. Hurd, Dr. J. P. Biegler, Dr. Charles Sumner.

Delegates to the State Medical Society.

Dr. L. H. Reynolds, Dr. S. C. White, Dr. G. W. Peer.

Members.

Dr. J. R. Biegler	Rochester	Monroe county.
E. H. Hurd	do	do
*M. M. Mathews	do	do
*George Lewis	do	do
E. T. Preston	do	do
R. J. Smith	do	do
Charles Sumner	do	do
T. C. White	do	do
G. W. Peer	do	do
W. M. L. Fiske	do	do
Hilum Bennett	do	do
L. H. Reynolds	Brockport	do
David I. Chaffee	Fairport	do

* Deceased.

ARTICLE LXXI.

Report of the Monroe County Homœopathic Medical Society, comprising:
A. Proceedings of the Annual Meeting, held Jan. 13, 1868.
B. Proceedings of a Special Meeting, held Aug. 27, 1868.
By W. M. L. FISKE, M.D., Secretary.

A.

PROCEEDINGS OF THE ANNUAL MEETING.

The annual meeting of the Monroe County Homœopathic Medical Society was held Jan. 30, 1868.

The President, on taking the chair, made a few appropriate remarks upon the necessity of concentrated and continuous effort for the upbuilding of the cause we love and have espoused; our need for continued experimentation with already proven drugs, that a familiarity may exist with them as well as the new ones that are being daily brought to our notice.

A committee, consisting of Drs. Hurd, Peer and Fiske, was appointed to draft a memorial, to be addressed to the Trustees of the Rochester City Hospital, for the admission of homœopathy in that institution, which was built and is sustained by the citizens, irrespective of party, religion or medical predilections.

It is the intention of the physicians of this Society to push the matter to an open issue, and if necessary start a homœopathic hospital and dispensary.

The following memorial was reported by the committee:

To the Board of Trustees of the Rochester City Hospital:

We, the undersigned, Homœopathic physicians of this city and county, call your attention to the following facts, relative to the Hospital over which you are placed, that impartial justice may be accorded our patrons and ourselves.

Our reasons for making this appeal to your Hospital Board, are these:

First.—The City Hospital is a public institution, erected, not by an individual or corporation, but by and through the efforts and means of the citizens of Rochester, irrespective of religion, political or medical party.

Second.—That it was built for the benefit of the sick, without reference to nationality, religion, politics or individual prejudices.

Third.—That the Hospital, in great measure, has been sustained by voluntary or solicited donations through a board of lady managers.

Fourth.—That a great proportion of these contributions came directly from the patrons of homœopathy.

Fifth.—That the physicians, placed in charge, assume to dictate, even to paying patients, what treatment they shall and shall not have, regardless alike of the patients' predilection or the pecuniary interest of the Hospital; absolutely refusing a patient the benefit of homœopathic treatment within its walls; having repeatedly turned away paying patients who persisted in having the attendance of their homœopathic physicians.

In view of these facts, we demand of your honorable Board that paying patients, desiring the attendance of a homœopathic physician, shall be admitted into said Hospital, and their request granted; that a room or rooms, and nurse or nurses be assigned, and proper facilities be extended to them and us in the way of nursing and care in their treatment.

Signed by the members of the Society.

Meeting adjourned.

PROCEEDINGS OF A SPECIAL MEETING.

A special meeting of the Society was held August 27, 1868, to take action with reference to the death of two of its members, Drs. George Lewis and M. M. Mathews, President and Vice-President of the Society.

The following are the resolutions adopted:

Whereas, Dr. George Lewis, after a long life of usefulness, has been called by God from his labors, having filled his mission faithfully and long, going from among us with his work accomplished and his labors, as a physician, ended; and,

Whereas, The same inscrutable Providence has also removed suddenly from our midst, in the full vigor of manhood, with his whole armor on and his hands still upon the plowshare, our beloved brother and co-worker, Dr. M. M. Mathews; therefore,

Resolved, That while we mourn the loss of two of our most useful and esteemed members, we bow with humble submission to that Omnipotence which directs our ways and in whose hands are our present and future destinies.

Resolved, That their lives of usefulness and perseverance should be a guide for our present and future efforts; that their memories will ever be kept fresh in our hearts, and the swiftness with which death has overtaken them, a continual reminder of the uncertainty of life.

Resolved, That these resolutions be placed on record of the Society; that they be published and a copy sent to the families of the deceased.

Meeting adjourned.

ARTICLE LXXII.

Cases of Reflex Disease of the Stomach from Uterine Disease and Displacement. By W. M. L. FISK, M. D., Rochester.

CASE I.

Mrs. C——, widow, age 35, the past three years has had, after each menstruation, vomiting, followed by gastralgia, so intense and persistent as to produce temporary insanity. Her friends fearing it would ultimately be a permanent disease, as every time seemed longer during her convalescence. Had been under all kinds of treatment, but with no success; in homœopathy had had high and low potencies. I tried almost every remedy adapted to her case, but found atropine[2] the only one which ameliorated the distress in the least. After three or four months' treatment I determined that at the next attack I would make a vaginal examination, though how to do it I hardly knew, as she could not keep quiet a minute, her agony was so intense. I should have said the diagnosis previously given were biliary calculi, liver complaint, sub-acute inflammation of stomach, cancer of the same, etc., etc.; as nothing was left for me to call it I wisely shook my head and held my tongue. The time soon came; I was summoned; gave her to understand she must keep still long enough for me to make a thorough examination. Found the uterus very much congested, prolapsed, and so much retroversion could hardly reach the os. I replaced the organ very nearly, though not relieving a retroflexion, as I subsequently ascertained. Gastralgia stopped entirely in half an hour; next day up; second day down—took my sound with me; reduced the flexion after an half hour's patient perseverance; left uterus *in situ*, and patient in bed, with instructions to stay there for a week, with hips higher than the head. She then got up, walked half a mile every day, a thing not done before in two years.

After next menstruation the same old story, with this exception: the vomiting occurred but two or three times. When I was summoned found uterus out of position again and congested; replaced

it, and the gastralgia did not touch her that time. I had but one pessary then in my possession, a simple ring, cracked in two or three places with the coating off, which I filled up with sealing wax; introduced it, and told her when I could I would get a perfect one if that succeeded. She got up next day, and no return of trouble. After a few weeks suggested the removal of the old pessary for a new one, but she said that felt so comfortable she preferred it, and I never could get my old one back, although I remained in that place six months after.

CASE II.

Mrs. S——, age 45, had had paroxysms of bilious vomiting, followed by gastralgia, for about one year; had been treated for "liver complaint." At my first visit, upon examining the abdomen by palpation, noticed what I supposed to be a four months' pregnant uterus: asked her how far gone she was; replied that she did not know she was gone at all; had noticed some enlargement of abdomen, but supposed it was her liver enlarged; had not menstruated regularly for a year and a half, there being severe hemorrhage every three or four months, accounted for by the previous physician as change of life. Could get no fœtal heart sounds, or placental bruit, by auscultation; neck soft and patulous, but no ulceration. Treated the symptoms as they arose, but at a perfect loss to account for the abnormal size of the uterus. Vomiting and gastralgia every little while. After four and a half months a sanious discharge appeared, with cutting pains in uterus, and at last, after many perplexing diagnoses, pronounced it scirrhus. But after a week's discharge and pain the os began to dilate, then the pains gradually changed to expulsive; and, after a while, with the help of my partner, Dr. A. R. Bartlett, by means of a blunt hook, the patient being under the influence of chloroform, extracted a fleshy tumor or mass, weighing six and a half pounds. No osseous formation was discernible; very little hemorrhage followed; a quick convalescence, and perfect freedom from liver complaint and scirrhus after.

A case that misled in diagnosis, but imparted a lasting lesson to the blunderer.

CASE III.

Mrs. B——, aged 59, for years had been troubled, after a hard day's work, house cleaning, lifting, or gardening, with vomiting and gastralgia; radial pulse sometimes entirely gone; cold,

clammy surface; frequently given up to die, but persisted in living, despite prognosis to the contrary; had been treated for years homœopathically; had a leucorrhœal discharge for a long time. Experience with Case I led me to look more closely to the uterine organs. Speculum examination brought to view severe ulceration, with fungoid granulations of os. Local and constitutional treatment cured the disease, though she never became hearty and robust, as her constitution had become too much undermined, and she had to observe considerable precaution in eating, though never bringing on such severe attacks, simply uneasiness, and a feeling of fullness and heaviness in the stomach.

CASE IV.

Mrs. S——, age 35, menstruates regularly, rheumatic diathesis; has been treated seventeen years for rheumatism of the stomach; comes on invariably after hard work, running a sewing machine or walking a long distance. It was a long time before I could prevail upon her to have an examination, as she insisted that the disease affected the stomach only; accordingly I had to prescribe as well as I could, and her husband was obliged to foot the bills. But one night, being called to see her die, as the family expected, I sat down by the bed side, and before she could say anything to the contrary I had replaced a prolapsed uterus. The pain soon ceased in the stomach. I afterward made a thorough digital and speculum examination. No ulceration or leucorrhœa, but a decided prolapsus on arising from a recumbent position. Gave her instructions to use cold water enemas every day, and when she felt any indication of pain coming on to lie down, with hips well elevated. She has taken one injection during the year, thinking it too much trouble after the first trial, but she never fails to try the other remedy; consequently has had but two attacks during the past year that required my attention, she avoiding the others by immediate attention to previous instructions.

I have had other cases that were less marked than these, and have never observed a case of gastralgia in men in any degree as severe as in women.

I have a lady now under treatment, suffering from functional disease of heart and kidneys, which, according to my convictions, arises simply from uterine disease, but as she has convulsions when remedies are applied locally, it is not a very encouraging case to the physician or patient.

NEW YORK COUNTY MEDICAL SOCIETY.

ARTICLE 73.—List of Officers, Delegates, Committees and Members.
74.—Opposition to Homœopathy in New York. Annual Address. By B. F. BOWERS, M. D. President.
75.—Medico-Legal Diagnosis of Insanity. By F. W. HUNT, M. D.
76.—A Contribution to the Study of Human Milk. By T. F. ALLEN, M. D.
77.—History of the Homœopathic Materia Medica. By S. B. BARLOW, M. D.
78.—Thermometrical Phenomena in Disease. By JOHN J. MITCHELL, M. D.
79.—Prolapsus Uteri; its Surgical Treatment. By E. F. HOFMANN, M. D.
80.—Report of the New York Ophthalmic Hospital. By H. D. PAINE, M. D.
81.—Extract from the Report presented to the Half-Orphan Asylum. By B. F. BOWERS, M. D.
82.—Report of the New York Homœopathic Dispensary. By JOHN S. LINSLEY, M. D.
83.—Report of the Bond Street Homœopathic Dispensary. By OTTO FULLGRAFF, M. D.
84.—Statement of Diseases treated at the Hospital in connection with the Five Points House of Industry. By B. F. JOSLIN, M. D.
85.—Tribute to the Memory of the late Dr. JAMES M. QUINN. Extract from the North American Journal of Homœopathy, May, 1868.

ARTICLE LXXIII.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. Robert McMurray, President.
Henry D. Paine, Vice-President.
Henry M. Smith, Secretary.
Edwin M. Kellogg, Treasurer.

Censors.

Drs. Samuel B. Barlow, Drs. Timothy F. Allen,
Benj. F. Joslin, Samuel Lilienthal,
Dr. John J. Mitchell.

Delegates to the State Society.

Drs. R. McMurray, Drs. B. F. Joslin,
J. McE. Wetmore, G. E. Belcher,
T. F. Allen, T. Liebold,
J. J. Mitchell, T. F. Smith,

Drs. J. W. Dowling, Drs. J. B. Holtby,
A. P. Throop, S. Lilienthal,
W. Brink, W. H. White,
J. G. Baldwin, F. S. Bradford,
Dr. C. O. Ficht.

Committees.

Drs. Barlow, Dunham and Lilienthal	Materia Medica.
Mitchell, Allen and Ball	Clinical Medicine.
Wetmore, Paine and Throop	Physiology and Pathology.
Holtby, Beakley and Liebold	Surgery.
Bradford, Hunt and White	Zymosis.
Kellogg, Belcher and Hallock	Obstetrics.
Smith, Joslin and Bowers	Statistics.

Honorary Members.

Drs. Constantine Herring	Philadelphia, Pa.
David Wilson	London, England.
John Epps	do do
John F. Grey	New York.

Corresponding Members.

Drs. C. W. Boyce	Auburn, New York.
H. M. Paine	Albany, do

Members.

Drs. T. F. Allen	105 Fourth avenue	New York.
J. R. Andrews	103 West 29th street	do
J. G. Baldwin	22 East 24th street	do
A. S. Ball	43 West 11th street	do
W. J. Baner	234 Fourth avenue	do
S. B. Barlow	55 East 21st street	do
E. Bayard	6 West 14th street	do
J. Beakley	Grammercy Park House	do
R. Blackelock	410 West 24th street	do
B. F. Bowers	22 East 20th street	do
F. S. Bradford	103 Fourth avenue	do
S. P. Burdick	303 West 34th street	do
J. A. Carmichael	116 East 20th street	do
J. H. Demarest	1981 Third avenue	do
C. F. Della Bella	36 Union square	do
J. W. Dowling	58 East 25th street	do

Drs.	C. Dunham	68 East 12th street	New York.
	J. T. Evans	27 East 31st street	do
	J. Finch	200 West 43d street	do
	O. Ficht	69 Sixth avenue	do
	J. H. Forbes	69 Seventh street	do
	E. B. Fowler	102 East 15th street	do
	W. Freeman	43 West 24th street	do
	E. J. Freligh	128 Ninth street	do
	M. Freligh	128 Ninth street	do
	Otto Fullgruff	106 East 15th street	do
	J. F. Gray	38 East 20th street	do
	H. S. Gilbert	23 Park avenue	do
	E. Guernsey	18 West 23d street	do
	L. Hallock	92 Madison avenue	do
	J. B. Holtby	116 East 20th street	do
	Wm. Horwitz	119 Seventh street	do
	A. Houghton	313 West 26th street	do
	F. W. Hunt	107 West 36th street	do
	H. J. Jackson	18 West 23d street	do
	Silas Jones	1924 Third avenue	do
	B. F. Joslyn	52 West 29th street	do
	E. M. Kellogg	21 East 20th street	do
	C. Kiersted	238 West 26th street	do
	O. R. King	163 West 22d street	do
	S. R. Kirby	31 West Washington Place,	do
	S. Lilienthal	230 West 25th street	do
	C. Th. Liebold	57 East 21st street	do
	J. S. Linsley	148 East 39th street	do
	E. E. Marcy	26 East 22d street	do
	R. McMurray	192 Second avenue	do
	H. B. Millard	7 East 27th street	do
	J. J. Mitchell	965 Second avenue	do
	J. W. Mitchell	19 West 21st street	do
	W. O. McDonald	22 West 29th street	do
	H. D. Paine	229 Fifth avenue	do
	M. W. Palmer	235 East 18th street	do
	W. Peterson	27 East 31st street	do
	T. S. Ring	237 East 82d street	do
	J. V. F. Shoekel		do
	D. D. Smith	20 East 21st street	do
	H. M. Smith	105 Fourth avenue	do

Drs. T. F. Smith.....	1 West 124th street.....	New York.
Emma R. Still.....	74 East 12th street.....	do
S. W. Taylor.....	146 Hudson street.....	do
A. P. Throop.....	223 West 34th street.....	do
J. A. Ward.....	20 East 21st street.....	do
Edwin West.....	42 West Washington Place,	do
J. H. Westcott.....	200 West 42d street.....	do
J. McE. Wetmore..	278 Fourth avenue.....	do
H. R. White.....	39 East 22d street.....	do
W. H. White.....	26 East 22d street.....	do
L. deV. Wilder....	213 West 38th streeet.....	do

ARTICLE LXXIV.

Opposition to Homœopathy in New York. Annual Address. By B. F. Bowers, M. D., President.

Ladies and Gentlemen—Our last anniversary was held during the excitement of war and the clash of arms. Truth and justice were confronted by that sum of all villianies, slavery, and forced into a war, which threatened the national life, and disturbed the civilized world. Discomfited, the enemy of equal rights in its dying struggle, inflicted a wound in every loyal breast, and filled the land with woe, by the hand of the assassin, striking down him, the highest and best, our chosen leader.

Now, we can rejoice together, and give thanks to God, that the conflict is over, and right is triumphant. At immense cost of blood and treasure, it is proved, beyond all peradventure, that we have a country, and the people honest and intelligent, with stout hearts and strong hands, will establish impartial liberty and universal justice, not upon the sands of compromise, but upon the rock of principle.

Conservatism in medicine, like conservatism in politics, is intolerant of change, and the most beneficent reforms, both political and medical, sweeping away only time-honored abuses, are blindly resisted as destructive radicalism. Be it ours, gentlemen, while enjoying and diffusing the blessings of liberty, faithfully to labor for the triumph of that great reformation in medicine inaugurated by him, whose birth we this day commemmorate—the immortal Hahnemann.

The axiomatic principles lying at the foundation of republican-

ism, that all men are created free and equal; that governments derive their just powers from the consent of the governed, and the corollary, no taxation without representation, are fraught with blessings to mankind; and yet they are destined to overthrow principalities and powers, and to meet the most determined opposition. So homœopathy, the gift of the beneficent Creator, for the healing of his dependent creatures, a great innovation, because the greatest improvement ever made in medicine, must overthrow errors and encounter opposition somewhat proportioned to the blessings it confers.

On former occasions we have been interested and instructed by eloquent discourses on the introduction and early history of homœopathy in this city. Its trials and its triumphs are well known to most of you; but the spirit and the manner in which it has been opposed by a majority of the profession here, has never, so far as I know, been set forth in a succinct and connected form. The importance of the subject and the interest of the public in a right understanding of it must be my apology for bringing forward on this occasion, matters which to some may seem stale and unprofitable.

Let it be remembered that the law looks upon all regularly educated physicians as equals. It requires of every one a prescribed course of study and a rigid examination by legally appoiuted censors, before admission to the duties, privileges and honors of the medical profession. It aims to give, and in return requires, such a knowledge of the science and art of medicine as shall qualify the physician properly to treat the sick committed to his care. It seeks further to protect the public against ignorance and unskillfulness, by making every practitioner liable to prosecution and punishment for malpractice. Moreover, every true physician is bound to increase his skill and improve his art, by careful observation, by study, by reflection, by earnest devotion to his work. A trust is committed to him, a duty is imposed on him; in the fear of God and in love to his neighbor, let him do the duty and execute the trust. The profession ever jealous of its honor and the rights of individuals, has a code of medical ethics, regulating the conduct of its members to one another aud to their patients, to prevent misunderstandings, to settle difficulties and to punish offences, intended to secure courtesy, harmony and justice in professional intercourse. There is a state medical society, and county medical societies in every county, auxilliary to the state

society, all established by law, to secure the interest of the public and the profession, and to exercise a salutary influence in medical matters.

"The regular medical profession includes all those who have pursued the course of medical studies prescribed by the laws of the State, and complied with all the professional requirements of the medical colleges and medical societies which the State has established. The diplomas held by the homœopathic physicians of New York, afford proof that they have passed these ordeals."

Both Webster and Worcester, following Johnson, give this definition of regular, "instituted or initiated according to established rules, forms or discipline." "A regular doctor," "a regular physician."

While there are diversities of gifts, there will be differences in skill; while there are doubts and uncertainties in medicine, doctors will differ, and there will be occasion for mutual kindness and forbearance, and opportunities for mutual assistance and good offices.

Having complied with the requirements of the law, the physician is entitled to all the rights and courtesies which belong to his profession. He is authorized to act on his own responsibility, and to treat each case according to his best judgment. Often he cannot obtain counsel, when he would gladly divide his responsibility.

Shall the physician, conscientiously exercising his profession, honestly working for its improvement and curing his patients to general satisfaction, be told by any other physician, or by any number of physicians, his peers before the law, perhaps his peers in the sick room, and perhaps not, his patients must judge of that, your opinions and practice differ from mine, therefore I denounce you to the public as a quack, and will hold no professional intercourse with you, nor with any physician who will? and shall they be upheld in such a course? If so, what becomes of his professional rights, so carefully hedged about and secured by legal enactments?

The morality of invading the rights, maligning the characters, and trying to destroy the business and reputations of their professional brothers, cannot be considered doubtful. The expected effect, if not the avowed object, of such plans being to secure to their authors all the honors and emoluments of the profession, and to ruin those thus attacked, throws suspicion upon their mo-

tives. It is said, "Brutus is an honorable man—so are they all, all honorable men." The more is the pity, for when honorable men descend to compass private, selfish ends by dishonorable means, the vicious are emboldened by the bad example of better men, and the public morals are corrupted. Men habitually join hands and do collectively, what individually they are both afraid and ashamed to do.

What would be thought of a combination of business men, to destroy their rivals in business by misrepresenting and ridiculing their business, impeaching their honesty, enticing away their customers, refusing to recognize them as business men, or to hold business relations with any business man who would so recognize them, on the pretext that they were presuming on the ignorance and credulity of the people, practicing gross deceptions, and were utterly unworthy of public confidence, when in reality they were worthy, upright, honorable men, trained to and thoroughly understanding their business, enjoying the confidence and respect of the community, and provoking envy only by their success! If such conduct on the part of merchants and business men generally, would be considered highly dishonorable and unjust, why sheuld similar conduct on the part of physicians be held less so?

So long ago as 1831, Philip E. Milledoller, M. D., Felix Pascalis, M. D., Abraham D. Wilson, M. D., Hans B. Gram, M. D., were appointed by the medical society of the city and county of New York, a committee "to investigate the subject of the existence of a secret association of medical men in New York, said to be for purposes derogatory to the profession and injurious to the public." They presented a full and interesting report, which was approved almost unanimously by the Society, consisting of 290 physicians, in which they say:

"That it originated in selfishness, and has been continued for the purpose of advancing the pecuniary interest of, and making professional reputation for its members, without submitting to fair, open competition, which decided talents and honorable minds never wish to avoid.

"By its influence in curtailing a free intercourse with the profession at large, it produces in the minds of its members, a false estimate of their own characters, and an erroneous impression of the characters of those who are uninitiated into their mysteries. An association like the one under consideration, is also to be reprobated, inasmuch as it tends to an unjust monopoly of the

emoluments and honors of the profession. Your Committee do consider the combination of men so well calculated to create a monopoly in the profession, as opposed to the spirit of the excellent code of medical ethics adopted by the Medical Society, and destructive to the etiquette which in a refined community has ever governed the physician and gentleman.

"An association of the magnitude of the club under consideration, by acting in concert, by accepting favors from other physicians, who act in good faith, and not reciprocating them, can collect a much larger portion of public patronage, and wield a greater influence than they are justly entitled to by their real merit. Almost all the professional offices in the city of New York, leading to practice or conferring reputation, are monopolized by the secret association."

In regard to the important subject of consultations, they well say: "If your committee understand the nature of a consultation, it is not intended to be merely the assembling together of men who see eye to eye, in order to avoid responsibility and to increase the expenses of medical attendance, but would rather judge, that their utility in reference to patients mainly depends upon the free interchange of the opinions of men of skill and independent minds, who would not be so much impressed with a deference for each other, or their own interest, as to forget the most important concern, the patient's safety."

By way of palliation of the association, they say: "allowing some of these gentlemen to be in general good and clever men, yet we must not forget that human nature is weak, that there are such things as besetting sins, and that in a trading community coveteousness is apt to be most predominant."

The New York Academy of Medicine is said to be the public expansion of this secret exclusive association, called the Kappa Lambda Society, inheriting the spirit and quite overstepping the footsteps of its illustrious predecessor.

As homœopathy attracted more and more attention, physicians, one after another, investigated and adopted it, the practice became more and more popular, until the allopathic doctors became alarmed at its progress and determined to put it down.

The county medical societies in the country, in some cases attempted to turn out members who became homœopathists, and refused to admit homœopathists to membership. But as the homœopathists were among the most intelligent and popular

physicians, having enjoyed the respect of their associates, and still retaining the confidence of their patients, this course was found to be unpopular, and rather injured the old school than the new.

In this city the homœopathic physicians were so well known and respected as men of science and skill in their profession, and their clients were so numerous and influential, that it was not thought politic to attempt to turn them out of the medical society, where they have rights which can be legally maintained and where it is necessary to proceed in a legal way against a member.

Instead of this, the plan was adopted of forming a new voluntary association from which homœopathists should be excluded, and in the language of a prominent and learned member of the Academy, "the least savor or tincture of homœopathy will not be recognized by us of the old school," and so the New-York Academy of Medicine was formed in 1847, for the purpose of putting down homœopathy.

It was understood that the members of the Academy would not consult with any homœopathic physician, nor with any allopathic physician who would consult with a homœopathist.

One of the first resolutions after the formation of this Academy, was in these words: That any member of this Academy who shall consult with any homœopathist, or other irregular practitioner, shall be considered to have forfeited his membership.

The first president of the Academy, the late Dr. Stearns, delivered his inaugural address Feb. 3d, 1847, which was published by order of the Academy. In the New-York Commercial Advertiser, March 8th, 1847, I find the following extract from that address:

"When I attempt to analyze the doctrines taught by Hahnemann, I am promptly met at the threshold with the avowal of principles which astonish and confound, and very naturally induce the inquiry, do I possess the faculty of reason, and what is its import and design? Is it not to investigate truth, to direct us in our walk in life, to enable us to choose the good and to reject the evil; to preserve health, life and happiness! If the fundamental principles of the Organon be true, then have I given an erroneous definition of reason, for it meets those principles with a decided contradiction. Reason teaches me that the power of any remedial agent essentially depends on the number of grains, ounces or pounds of which that agent consists. But Hahnemann contradicts this position, and maintains directly the reverse, and asserts that

the power of that agent is increased precisely in proportion to the sub-division, the comminution or dilution of its component parts. To illustrate this I will cite a very analogous case: If one pound of gunpowder will propel a cannon ball one mile, the millionth part of a grain would carry it around the globe, and produce the greatest possible destruction of human life. The same remarks are applicable to steam, and to all other agents of similar power. Well might Hahnemann forbid his pupils to reason or to theorize on his principles.

"They have hitherto rigidly adhered to his injunction. In attempting to explain the precise objects which he intended to accomplish by such an extraordinary publication, I can arrive at no other conclusion than that the whole of his Organon was prepared for the express purpose of ascertaining how far he could successfully practice deception and imposition upon the credulity and prejudices of the community; for I do sincerely believe that he had too much common sense to believe in the truth of the doctrine that he promulgated.

"Poisons and narcotics constitute the corner-stone of the homœopathic edifice. Deprived of this their whole system of materia medica would be demolished. The alleviation of pain by narcotics gives to their practice all its popularity. No man in the full exercise of his reason can believe in the truth of this strange doctrine; and if he attempts to practice upon the principles which that doctrine inculcates, he must possess a most depraved moral faculty.

"I have often heard it asserted that the clergy are advocates homœopathy, but this charge is too inconsistent with their profession to admit of belief. Their duty to God, their fellow-men and themselves is of so holy a character that they should be placed beyond the reach of such calumnious charges. How can they patronize a practice which impairs health, destroys life and which must necessarily injure their own usefulness as guides to eternal happiness? How can a religious man support a system which places reason and common sense at defiance, and which rests exclusively on the vagaries of a visionary enthusiast?

"If the clergy, like Hahnemann, repudiate reason, how are they to prove the truth of our holy religion, the existence of God and a future state of retribution? Such reasoning would give peculiar delight to the infidel and atheist. The general avowal of such principles would subvert all true religion and civil government,

lead to consequences appalling to all reflecting minds; I therefore earnestly solicit all who persevere in propagating this new doctrine to pause and consider."

This address and its publication by order of the Academy, I think affords conclusive evidence that Dr. Stearns and the Society did not begin to have any correct idea of homœopathy—were not likely ever to have, and were not in a very amiable state of mind. All these allegations against homœopathy were denied at the time, and Dr. Stearns was publicly challenged to the proof, without calling forth a reply.

A few quotations from "an appeal for scientific truth against empiricism," published in 1848, will show that there is no improvement, either in the intelligence or the temper of the opposition. "The time, we proclaim, is come when we must arm, muster and be doing. Homœopathy can, and homœopathy must be exposed and eradicated. It has trifled too long with the confidence in, the respect for, the security of our profession, with our honor and the safety of mankind. The system which is based upon absurdities the most preposterous—fallacies and inconsistencies, the most gross—results the most lamentable—pretentions the most arrogant—the system which by its prospective advantages and profitable vogue, seduces daily into its ranks the intelligent and respectable from beneath the banner of the just cause—which claims to have laid for the principles and machinery of the science and art of medicine the only definite foundation—which decries the present one and taunts with prejudice and error its votaries—which offers, in its stead, a blind reliance upon the *vis medicatrix* of nature and the public credulity, in its infinitesimal doses of oyster shell, or under the guise of potency, secretly prescribes poisons, and adopts, *mutate nomine*, the most cherished resources of the art which it professes to oppose and despise—which offers in evidence of its success, diagnoses the most erroneous, prognoses the most false, and presumed medicinal agencies and boastings the most unfounded—which maintains, in defiance of all common, correct theory, experience and observation, that bloodletting, is at best a dangerous remedy, and doubts whether it is even a remedy at all—can and must be exterminated. It is true, that time will do this, as it has done with every one of its congenerous predecessary empiricisms; but there seems no good reason why its fate should not be accelerated by the application to its roots, without delay, of the sharp axe of truth; and time and health, aye, and life be spared in

the interim. * * * Has not the Academy, which may be fairly taken as the expression of the sense of the higher minded and better informed among us, very properly placed them (homœopathists) amongst the irregular practitioners of every grade—has it not eschewed all professional fellowship with them, refused to consult with them, and excluded them from its body? And do gentlemen hesitate, after this public and approved demonstration of professional sentiment, to lend their individual aid to the exposure of its real character, and to lessen its spread and influence? If they do, they do not act up to the spirit of its institution; they do not do their part towards performing one of the highest duties, not only of its associates, but of every member of the regular profession. As to persecution, even if it were truly urged, it is what they merit; what the public safety requires; what the professional duty demands; and when the accusation is well founded, their appeal to it is in vain. * * *. Ought we to care for the cry of persecution raised by these unprincipled and mercenary persons, when we can show conclusively that health, and life, and money have been sacrificed to their mendacity, selfishness, etc. There are for homœopathy the two horns of the dilemma. Mistaken but honest credulity on the one hand—venality and deceptiveness on the other," etc. This last idea was more tersely expressed by another prominent member of the Academy who said: "a homœopathist must be either a fool or a knave."

The following passage in a letter of the domestic secretary of the Academy, in 1849, shows that things were still in a very bad way with the old school. He writes: "There was a time, sir, when that profession conferred honor and men venerated, loved and confided in their physician. How is it now? The term is almost a laughing stock—synonymous almost with ignorance, temerity, petulance and envy—aye, and with poverty. Regular practice is decried—mercenary folly and falsehood flourish under a thousand different names. The public has lost its confidence in legitimate medicine and throws itself blindly into the arms of renegades, pretenders and empirics, and listens greedily to every absurdity which is offered to its embrace," etc.

It does seem hard that poverty should be added to contempt; but the way of transgressors is hard, and curses, like chickens, will come home to roost. The hardest thing of all to bear is, the consciousness that respect has been forfeited by one's own demerit.

The spirit of the opposition to homœopathy, it seems to me, is

well illustrated in an old report of an interesting case of congenital blindness, cured in a way not considered regular in the schools of that day. The patient had become of age before he was cured, and the case excited quite a sensation. His neighbors were curious to know how he was cured; some believed in the cure and some did not, saying "this is not he that was born blind." The patient said, "I am he," and related how he was cured. But some would not believe until his parents were called and examined. They said, "this is our son, and he was born blind; but how, or by whom his eyes were opened we know not. He is of age, ask him. He shall speak for himself." They were afraid to say more, for there was a combined opposition to such practice, and threats had been made that if any one should confess their belief in this great physician, he should be put out of the society. Finding the case was clearly proved, and there was no use in denying it, the opposers again called the patient and said to him: "Give God the praise; we know that this man is a sinner."

This seems to have touched the patient, and he answered, "whether he be a sinner or no, I know not; one thing I do know, that whereas I was blind, now I see." Then they asked him again how he was cured, and finding that he had full faith in the one who had cured him, and was surprised that they did not believe in him too, they insulted and then excommunicated him. Respectable, intelligent, influential, sanctimonious, regular Pharisees could say of him who was without sin, "We know that this man is a sinner." It is believed by many persons that even so late as the middle of the nineteenth century there will still be found a good deal of human nature in man. The self-righteous Pharisee bearing false witness against his neighbor, and synagogues organized for the purpose of putting down the truth are not exclusively of the past.

Observe the striking similarity in the conduct of the Pharisees in this case and that of the allopathists of the present day. They eagerly bore testimony to a fact as true within their personal knowledge, which was absolutely false; but as for the truth itself, they could not see it. So, say the allopathists, any one who practices homœopathy must have a most depraved moral faculty, must be either a fool or a knave, and at the same time talk about our holy religion.

A few facts will show that they have been determined to prevent all investigation of the subject. In 1839 the speaker was

one of the physicians to the New York Dispensary in Centre street. The next year he was turned out for examining homœopathy. Being then an experienced allopathic physician, he did not practice homœopathy in the Dispensary, but thought it worth examination and used it in his own private practice. This is the first instance, so far as I know, of the removal of a physician from a public position merely on account of his medical opinions.

When the Demilt Dispensary was established, a liberal gentleman offered a donation of $500 if they would allow homœopathic treatment to such as desired it. The offer was rejected.

The Protestant Half Orphan Asylum has been exclusively under homœopathic treatment for the last twenty-four years, with the most gratifying results, having had an average mortality, as compared with all the other asylums in the city, of only one to three; and yet the only notice, apparently, which the allopathists have taken of the medical treatment in that institution, is one instance where a medical journal, edited by a member of the Academy, published a scandalous, malicious, false communication to prove the published report a gross misrepresentation of the facts, intentionally made to show a favorable result for homœopathy, and this the editor introduced with encomiums, apparently in love with the lie.

There have been homœopathic dispensaries in successful operation for many years, in different parts of the city. The treatment has also been used with the best results in the Institution at the Five Points, and in the Home for the Friendless. All these institutions offer opportunities for obtaining a knowledge of homœopathy, which seem to have been studiously avoided by the old school. During the prevalence of the cholera, in 1849, great exertions were made to obtain homœopathic hospitals for its treatment; the application was sneeringly rejected, although the cases publicly reported showed the great superiority of the homœopathic treatment in that disease.

Petitions have been presented to the proper authorities at different times, numerously signed, asking for the admission of homœopathic treatment into the hospitals and public charitable institutions, which have uniformly been opposed and the object defeated by the old school. It is an entire mistake, if the public suppose that the allopaths understand homœopathy; they will not investigate the subject. That branch of the profession have undertaken

to decide the questions at issue between them and the homœopathists without investigation, assuming to decide by reason what can be known only by experience. We hazard the opinion that there is not a single member of the Academy who could pass a respectable examination in homœopathy, for the very good reason that they do not understand it, and will not learn; and yet they condemn it and vilify those who practice it. When and where and by whom has homœopathy been tried and proved to be worthless?

"First promulgated in 1796," seventy years ago, "it has steadily, though slowly advanced, encroaching everywhere, step by step, upon the domains of allopathy, receding at no point, ever gaining new adherents in the profession, and never losing one by relapse or retrocession.

It is asked with an air of superiority, "has not the Academy the expression of the sense of the higher minded and better informed among us, placed them (the homœopathists) amongst the irregular practitioners of every grade, eschewed all professional fellowship with them, refused to consult with them, and excluded them from its body?" as if the Academy had any authority in the premises, or was any better, or essentially different from other trades-unions, got up to promote the pecuniary interests and personal advantage of the associates.

If it shall appear that the members of the Academy, instead of taking a bold manly stand and opposing homœopathy and homœopathists in an honorable legal way, have chosen to imitate the conduct of those who get behind a shelter which they think will protect them, and call names, make faces and throw stones at opponents whom they dare not face in a fair field, their action will be of little consequence except to themselves.

The medical profession is not an aristocracy created for the benefit of a caste. It is a public necessity, and is regulated by laws made by the government to promote the efficiency of the profession and secure the public welfare.

The New-York Academy of Medicine is merely a voluntary association, having no power except over its own members, and no authority to confer or take away the licence to practice medicine. There is no obligation resting upon any one to join it, and only the honor in being connected with it. Some of the old school physicians of high standing refuse to join it, and for good reason decline all connection with it.

But the county medical societies, established many years ago,

have authority conferred upon them by the people to grant the license to practice, and also, for cause, to procure its revocation. Every regular practicing physician is required by law to join the county society where he resides, and thus they are all brought under the authority and protection of the law. Some of the allopathists have arrogated to themselves the title of regular physicians, and so persistently called those who practice homœopathy irregular, that many are deceived, and suppose that in point of regularity, they have an advantage over us. This is quite a mistake, on the contrary we have quite an advantage over them.

By the definition of regular it may be seen that a regular physician is one initiated, brought into the profession according to established rules, forms or discipline; regular refers to the manner of getting in, those who come in by the door are regular, those who climb up some other way, are irregular. Every regular member is not necessarily and always a worthy member; but should he become intolerably bad, a disgrace to the body to which he belongs, it will be necessary for the credit of the body to take the legal steps to get rid of him. Regularity does not apply to practice, insomuch as the law places all methods of practice, past and present, at the discretion of the physician to whom it has given its diploma. In the old school the greatest variety prevails, there is the heroic treatment and the expectant, bread pills and placebos, the hobby of the hour and the empirical expedient, some give larger doses than others dare give, some give none, and assert that medicine never cures. One says if the doctors would throw their physic into the sea it would be all the better for their patients, but the worse for the fishes. Every one feels at liberty to try whatever may be recommended by others, or which he thinks may be useful. The teachings and the practice of the allopaths are various and discordant in different ages, countries, and schools, and often in the same school at the same time.

Homœopathists are agreed on the law for the selection of the remedy, *similia similibus curantur*, like cures like; they agree in giving one simple remedy at a time in the smallest dose sufficient to cure, and they agree in the necessity of learning the curative properties of drugs by provings upon the healthy. These principies furnish practical rules for the guidance of all homœopathists, and produce an essential uniformity. Homœopathists, therefore, are not only regular in their initiation into the profession, like the

allopathists, but they have certain uniform general principles for their guidance in the discovery, selection and administration of remedies which the allopathists have not.

At the time of the formation of the Academy, I believe all the homœopathic physicians of the city were members of the county medical society, as were also the physicians who formed the Academy. The county society has power to prosecute any member against whom specific charges are preferred of gross ignorance or misconduct in his profession, or of immoral conduct or habits; and if he is convicted, he may be suspended for a time or expelled from the society, and declared forever incapable of practicing in this State. If the members of the Academy believe what they say about the homœopathists, why did they not prefer charges against them, and have them declared incapable of practicing? That they did not, is evidence that they do not believe their own assertions.

They hoped to succeed in putting down homœopathy by refusing to consult with homœopathists, over-awing the aspiring and the dependent in their own ranks, threatening and refusing to graduate students who intended to practice homœopathy, and attempting to frighten the people by telling them that if they would employ pretenders, they must take the consequences of their folly, they would not help them.

The attempt to put down homœopathy by oppression, is an attack upon the right of the people to decide and choose for themselves in medicine, as in politics and religion. It is an evidence that those who attempt it are behind the age; they do not learn by the experience of the past. It can never permanently succeed under free institutions. An intelligent free people will not submit to have any system of medicine imposed upon them by any authority short of the authority of truth. Mrs. Partington was a nice woman and very handy with her broom, but somehow she never could sweep out the Atlantic Ocean; and our allopathic brethren will find it up-hill work to put down homœopathy; the laws of nature are against them, and persecution only makes the matter worse for them.

In case of an invasion of the cholera, the people here in New York, with such reports as come to us from Europe of the comparative results of the treatment of cholera last year, as in Smyrna for example, deaths under allopathic 65 per cent, under homœopathic treatment, seven to eight per cent (and the reports are

similar all over), will hardly consent to be dragged into hospitals to undergo allopathic drugging, as in 1849, under the pretense that "homœopathy is looked upon as a species of empiricism, their medical advisers conceiving that the public authorities of our city would not consult either their own dignity or the public good, by lending the sanction of their name or influence to homœopathy or any other irregular mode of practice" which might reduce this dignified regular rate of 65 per cent of deaths to a much less imposing number.

To secure the rights of homœopathists and the rights of the people generally, the government has placed homœopathy on the same legal foundation as allopathy, establishing homœopathic medical colleges, and medical societies with the same authority and the same privileges as the allopathic. We, however, have a decided advantage over them, for we study and know what they know, holding to the maxim, "*Fas est et ab hoste doceri*, it is well to learn even from an enemy," while they shut their eyes and exclaim, no! no! *ne fas est*, and obstinately refuse to examine what is peculiar to us as not worth knowing.

The present hostile attitude of the profession is wholly due to them. For example, the anxious friends of a patient of mine may wish to have the opinion of a member of the Academy whom I am willing to meet and treat with the courtesy due to a gentleman, and required by medical etiquette; but the Academy will not permit him to behave like a gentleman in the matter; it sanctions his visiting and prescribing for my patient, without my knowledge, and while he knows that I am still in attendance, refusing to receive information essential to the patient's welfare, and intentionally violating common courtesy to insult me.

Not with any satisfaction, but with unfeigned sorrow do I rehearse the conduct of physicians which I cannot but consider highly exceptionable. I would not judge unjustly, I will not speak unkindly, for the honor of the profession in which I have labored so many years, is dear to me. To it I owe my life, saved on more than one critical occasion by its resources, and especially to homœopathy do I owe the last twenty-five years of almost uninterrupted health and activity, and above all, and better than all, by it I am enabled in my limited sphere, and in my humble way, to heal the sick, to relieve the sufferings of my fellow-creatures, to go about doing good. I love my profession; I know from long experience in both systems that homœopathy is of unspeakable

importance to mankind. I believe it is to be an important agent in working out the physical improvement of the race. I have no fears for the result. We have fought the battle of the Wilderness; we have flanked their position, and can afford to fight on this line until the enemy surrenders.

In reviewing the conduct of our allopathic brethren, let us remember that it is better to bear with them, than to be like them, and work on in full faith of the good time to come, when they too shall see the light, and walk uprightly, in the acknowledgment and love of the truth.

The Report of the Special Committees of the Homœopathic Medical Societies of the Metropolitan District shows how homœopathy is opposed. Take for example the following extract:

The refusal of the Sanitary Committee of the Board of Health to grant a hospital to the homœopathists for the treatment of cholera, and the circumstances attending it, presents a case in which a proper regard for the truth involves the unpleasant duty of publicly exposing its opposite.

Apparently, as an answer to the statement of the Special Committees of the Homœopathic Medical Societies of New-York and Brooklyn, and as a justification of the course of the Sanitary Committee, at a public meeting of the Board, the above anonymous communication was read by the Chairman of the Committee and published with the transactions of the Board. This paper demands a careful examination.

It commences: "We have heard a great deal lately from enthusiastic homœopathists about their wonderful success in the treatment of cholera. It is well to know what experienced and honest physicians of the same school think upon this subject."

Bating the insinuation that "experienced and honest physicians of the same school" will be found to think quite differently from their enthusiastic brethren here, this is very well. In the presence of a disease which carries off more than fifty per cent of all the cases treated in the usual way, it is well that the public should know, and that the Sanitary Committee should heed, what honest and experienced physicians of the homœopathic school think upon this subject. Any attempt to distort facts and pervert opinions in relation to it is inexcusable. Prejudice and ignorance should give place to candor and truth.

Let the public judge of the candor, intelligence, and honesty,

with which the claims of homœopathy are treated by men from whom we have a right to demand justice. It is proper to remark that it is especially the relative success of the homœopathic treatment, in comparison with other methods that we claim. To prove that such a claim is not sustained by what experienced and honest physicians of the same school think upon this subject is the object of the paper read. It goes on with an appearance of great accuracy: "In the British Journal of Homœopathy, vol. 7, p. 177, we read: 'We cannot help deprecating the boastful tone we so often hear assumed by homœopathists on this subject. It argues a singular callousness of feeling in any one who has had much experience in this disease, not to be penetrated with a profound sense of the comparative impotence of the homœopathic art in arresting or greatly modifying this terrible plague.'" This quotation unmistakably condemns homœopathy. It purports to be given in the words of the author without omission or change. It touches the heart of the question apparently—the comparative impotency of the homœopathic art in cholera, that is, its impotence compared with allopathic treatment. Whereas, immediately after speaking of the boastful tone, the author says: "That our success is greater, much greater, than that of our allopathic colleagues, we have no doubt whatever; and this statement is confirmed by our statistical returns." Why was this explicit opinion, confirmed by statistical returns, of the greater, much greater success of homœopathists omitted?

The author continues: "Still, that is saying very little, and it would argue a singular callousness of feeling, in any one who has had much experience in the disease, at all events as it appeared among us, not to be penetrated with a profound sense of the impotence of our art in arresting or greatly modifying this terrible plague. Surely the presence-chamber of the King of Terrors is the last place for man to boast." The author says: "The impotence of our art"—the medical art. Why was this changed to homœopathic art? If quotations may be thus garbled, and the language changed, what author or what truth is safe?

The next quotation is garbled in the same way and with the same design. "In volume 13, p. 329, we learn that Dr. Gerstel reported to an allopathic Austrian medical society that he had treated three hundred cases of cholera of a most inveterate character, with a loss of only thirty-two. A proposal was made to him to practice under the observation of the District Superinten-

dent, Dr. Nushard, in order to establish satisfactorily the success of homœopathic treatment. 'An offer which I declined,' says Dr. Gerstel. The reason for this may be found on p. 331, where Dr. Gerstel continues: 'Although I had many cases of choleraic diseases under my treatment during the epidemic, I had not any of real cholera.' The meaning intended to be conveyed by this language is obvious. Dr. Gerstel reported great success in the treatment of cholera; in consequence of this, a proposal was made to him to practice under the observation of Dr. Nushard, to test the success of his treatment. This proposal Dr. Gerstel declined, because he had not treated any case of real cholera, and was afraid to meet the trial. The quotation is made from the following narrative:

"In 1819 homœopathy was prohibited in Austria by a decree of the Chancellor's court. In 1831 cholera was successfully treated by homœopathists in Austria; and Dr. Gerstel, in less than three months, treated near three hundred cases in different villages in which it had shown itself, of a most inveterate character. The results, most of them officially certified, showed only thirty-two deaths; and Dr. Gerstel's petition, that a portion of the hospital should be placed under homœopathic treatment, elicited considerable discussion in the faculty. Owing to a breach of etiquette, Dr. Gerstel says, neglecting to pay a visit at the right time to a person of importance, his petition was unattended with any result. 'A proposal was made to me to practice under the control of a District Superintendent, Dr. Nushard, in order to establish proofs of the success of the homœopathic treatment, an offer which I declined.' In this account it is not said that Dr. Gerstel reported his success to the medical society. But it is said that cholera was successfully treated by homœopathists. That Dr. Gerstel treated near three hundred cases, and that the results, most of them officially certified, showed only thirty-two deaths; that Dr. Gerstel's petition, that a portion of the hospital should be placed under homœopathic treatment was unattended with any result; and that the proposal which he declined was not to practice under the observation, but under the control, of Dr. Nushard. Dr. Gerstel was desirous of practicing under the observation of his allopathic brethren, and had asked permission to do so; but the proposal made to him to practice under the control of an allopathist, under the circumstances, was an insult, and he did not think it necessary to give any reason for declining it. It is just

the difficulty between us and the Sanitary Committee now. We wish to practice under the observation of allopathists, that they may see and learn our treatment and its results. They require us to practice under the control of allopathists, that our success may be prevented. We respectfully decline to go in on such terms.

The narrative continues: "In 1830, Dr. Gerstel says, the cholera epidemic was of still greater benefit to homœopathy. It raged with violence in Vienna. The prohibition of 1819 still hung over us Austrians. The allopathic physicians were, as formerly, still groping in the dark. Dr. Fleischman, who had met with such success in Gumpendorf, was commissioned to lay before the court a report upon the cholera, and the best mode of treatment, in accordance wiih his experience. The immediate result obtained was the removal of the prohibition to practice homœopathy in Austria in 1837. About the year 1842, the College of Physicians of Vienna held informal meetings for the discussion of any subject that might be brought before them. Dr. Gerstel determined to introduce the subject of homœopathy, which he thought would be well received by the younger members of the profession, as it had been so successful in the treatment of cholera. And he says: "Although I had many cases of choleraic disease under treatment during the epidemic, I had not any of real cholera; still I could not allow the opportunity to pass of fulfilling my intention."

This last remark of Dr. Gerstel, made in relation to the epidemic of 1842, and showing that he carefully distinguished between choleraic disease and real cholera, is garbled to suit the purpose, and made to read: "I had not any of real cholera," instead of "during the epidemic I had not had any of real cholera"—torn from the context and applied to the epidemic of 1831, to contradict the report of Dr. Gerstel's success, and given as the reason why he declined the proposal to practice under the control of Dr. Nushard, made eleven years before this occurred. All the dates necessary to the right understanding of the subject are carefully excluded, and the great success of homœopathy in the epidemic of 1836, the report which Dr. Fleischmann was commissioned to lay before the court, and the consequent removal of the prohibition, in 1837, to practice homœopathy in Austria, are ignored.

The next quotation, where Dr. Sten is censured for putting the homœopathic mortality in cholera so low as eight and a half per

cent, is almost correctly quoted. The old design to give a false impression appears in the following: "In vol. 12, p. 698, we read: We are sorry to learn that the cholera has, in Dr. Tessier's wards, shown so malignant a type." These results were so bad that Dr. Tessier "has never published them." In a short paragraph speaking of Dr. Tessier's services in the Hospital Beaujon, it is said: "We are sorry to learn that the cholera has, in his wards, as well as in the other hospitals in Paris, shown so malignant a type. One great cause for the increased mortality in all the hospitals as compared with the last epidemic, is the decidedly contagious character the disease has manifested. It thus spreads from bed to bed, and attacks patients already suffering from serious diseases." There was no especial malignancy in Dr. Tessier's wards as the writer would represent, and the great mortality is accounted for.

"In order to prove that Dr. Tessier has every advantage," says this paper, "we quote from page 693," and goes on to quote the arrangements in the Hospital St. Marguerite, although the malignant cholera spoken of appeared in his wards in the Hospital Beaujon. This only shows how everything is perverted to the one purpose of maligning homœopathy.

The paper proceeds: "Dr. Tessier subsequently published a treatise on cholera, reprinted by Radde of New York. On page 102 we read "Homœopathy seems comparatively powerless in the severer forms of cholera. The cures under this treatment are generally cases of diarrhœa and simple cholera; the number of deaths generally corresponds to the number of cases of algid and ataxic cholera. During the epidemic of 1849, I (Dr. Tessier) only saw one case of either of these forms recover; hence I resorted to the regular treatment, after conviction that the homœopathic was inefficient except in very few cases." Whether this quotation gives the opinion of Dr. Tessier, or is garbled purposely to misrepresent it, may be learned by consulting the work, where Dr. Tessier says, page 101: "This method (the homœopathic) is brilliantly successful in cholerine and simple cholera." Page 203: "In those forms of cholera where medical treatment seems to have at all any effect, the Hahnemannian is preferable to the ordinary methods, and is both more scientific and more efficacious." Page 106: "As regards the black or ataxic cholera, I am sorry to say that I cannot propose any effective mode of treatment." Page 107: "Hahnemann's method has seemed to me more efficacious than any of the other methods of treatment. Under the Hahne-

mannian method about one-tenth recovered more than under any other. Hahnemann's method enables us to establish the therapeutic indications and the modes of treatment in cholera upon a scientific basis." Tessier speaks of resorting to the regular treatment in cases of algid and ataxic cholera, but the says the most powerful allopathic treatment was equally inefficient. He thinks the remedy for these incurable cases of cholera should be looked for, and may yet be found in the homœopathic method.

Thus, we think, it is conclusively shown that there is a deliberate attempt to conceal the opinions of the writers quoted, and, instead, to palm off opinions directly opposed to theirs. The chairman of the Sanitary Committee described the paper "as being an epitome of various eminent homœopathists' opinions. The document he had read came from highly educated physicians." We do not object to the witnesses cited by the committee; we only insist that their testimony shall be received as it was actually given, and not as it is garbled and forged for the occasion; and we hold that the committee are bound to the conclusions fairly proved by their own witnesses. In justice to the "eminent homœopathists," and the "highly educated physicians," from whom it purports to come, we brand the document a forgery. Coming before the public with a quasi endorsement by the Sanitary Committee, it becomes a duty to expose its true character.

It presents an example of the honesty and intelligence, shall we say, or of the ignorance and malice, with which homœopathy is opposed. Persons whose prejudices are stronger than their judgment, are ready to believe what they wish to be true. It is not creditable to the Sanitary Committee, who officially boast of their knowledge of homœopathy, and who are expected to be well informed on such subjects, that they were taken in by this paper, while the non-medical members of the board rejected it.

Judge Bosworth protested against basing any action of the Board upon it, and spoke of it as attacking both the homœopathic practice as a system, and the homœopathic physicians as a class. President Schultz regarded the communication a mere bundle of opinions, collated by an allopathist, to show that, in acute cholera, homœopathy is impotent. He desired to kick the document out.

On another point, also, we are indebted to the good sense and correct judgment of the non-medical members of the Board. Judge Bosworth charged the Sanitary Committee that they had refused the homœopathists a separate hospital wherein they might

treat cholera in their own way, and had offered them a chance to practice only on conditions which no homœopathist could accept. We leave the subject, commending to whom it may concern the Divine command: "Thou shalt not bear false witness against thy neighbor."

What the homœopathists think on this subject may be known from the following resolutions adopted by the Homœopathic Medical Society of the County of New York:

Whereas, This society has heard with surprise and indignation the Statement of Professor Willard Parker, M. D., at the recent meeting of the Allopathic State Medical Society, as reported in the daily papers, in defense of the course pursued by the Metropolitan Health Board (of which he was a member) toward the homœopathic physicians of this sanitary district—statements so entirely at variance with the facts, and calculated, if uncontradicted, to injure the homœopathic fraternity in the public estimation, that this Society feels called upon emphatically to declare these statements to be without foundation, and to place the stamp of reprobation on the attempt to extenuate the exclusiveness, favoritism and injustice of the Board of Health; therefore,

Resolved, That the assertion of Professor Parker to the effect that the Metropolitan Health Board has offered fair and reasonable concession to the homœopathists who offered their services in the treatment of cholera; and especially, that they, the homœopathists, had been challenged to a fair trial of their treatment in genuine cases of cholera, from which challenge they are asserted to have ignobly shrank, are utterly untrue; that, on the contrary, the urgent and persistent appeals made by them through various societies and committees, and by memorials, petitions and personal applications, to have the charge of even one of the six proposed hospitals (subject, of course, to the inspection, at all times, of the Board of Health) were discourteously refused; and that the meagre concession of a few beds in the Five Points and Battery Hospitals, which was finally granted, was coupled with such conditions, restrictions and imputations as necessarily to preclude its acceptance, as has been fairly set forth and published in the report of the Cholera Committee of this society in August, 1866.

Resolved, That the homœopathic physicians of this city and district, having enjoyed in a large degree the confidence and patronage of the wealthy and intelligent portion of the community, stand ready, as they have done from the first, to take their

full share of responsibility in the care and treatment of the sick poor; that they desire only a fair opportunity, under the strictest supervision, in the public hospitals or elsewhere, to demonstrate the relative advantage of their method in the cholera or any other epidemic; but that they will never consent to entrust the preparation and administration of their prescriptions and other details of treatment to those whose uniform conduct towards them has been characterized by opposition, unfairness and discourtesy.

Resolved, that the persistent falsifying of facts in regard to homœopathy and homœopathists, and the endorsement and circulation by the Sanitary Committee of garbled and forged extracts from the writings of homœopathic physicians, misrepresenting their statements and opinions, is a prostitution of official station and influence to partizan purposes which calls for public rebuke.

Resolved, That a copy of these resolutions be sent to the Governor of the State, Lieutenant-Governor, and Speaker of the House and President of the Board of Health.

GEORGE E. BELCHER, M. D., *President.*

Henry M. Smith, M. D., *Secretary.*

New York, *March* 13, 1867.

At the meeting of the Board of Health as reported in the "World" of the 5th inst., Judge Bosworth said: "That paper states that the Sanitary Committee had made garbled and false extracts from homœopathic works. If the gentleman making the charges would refer to the books and give the quotations as they say they are, so that the Board could see that they were garbled and false, then he would be in favor of filing such communication, but he was opposed to putting on file a paper like that presented."

Dr. Stone (excitedly): "I tell you that every word that was in the report of the Sanitary Committee came from homœopathic writers in the form in which it was presented in them; and what is more, Dr. —— publishes a book on Cholera, and quotes the very authors. The homœopathic authors themselves deny that homœopathy is useful at all in the 'cold' stages of cholera."

This is not true. With all due respect to the Hon. Chairman of the Sanitary Committee of the Board of Health, I affirm that the quotations in question are garbled and false, and that the homœopathic authors themselves do not deny that homœopathy is useful at all the cold stages of cholera.

This is a simple question of fact, easily settled by any one who will take the trouble to refer to the passages cited. And it is a

perfect demonstration of the sad fact that the most confident assertions of honored and honorable allopathists in relation to homœopathy are utterly unreliable, because they will not take the trouble to examine.

The very first passage quoted reads thus:

Correct.

British Journal of Homœopathy, Vol. 7, page 177.

"We cannot help deprecating the boastful tone we so often hear assumed by homœopathists on this subject. That our success is greater, much greater than that of our allopathic colleagues, we have no doubt whatever; and this statement is confirmed by our statistical returns. Still that is saying very little, and it would argue a singular callousness of feeling in any one who has had much experience in the disease, at all events as it appeared among us, not to be penetrated with a profound sense of the impotence of our art in arresting or greatly modifying this terrible plague. Surely the presence-chamber of the King of Terrors is the last place for man to boast."

Garbled.

"In the British Journal of Homœopathy, Vol. 7, page 177, we read:

"We cannot help deprecating the boastful tone we so often hear assumed by homœopathists on this subject. It argues a singular callousness of feeling in any one who has had much experience in the disease, not to be penetrated with a profound sense of the comparative impotence of the homœopathic art in arresting or greatly modifying this terrible plague."

Dr. Stearns' Address was reviewed in the Homœopathic Journals, and the following reply to his remarks was published in the New York Evening Post, March 16, 1847:

"The New York Commercial Advertiser of the 8th inst. contains a notice of "Dr. Stearns' inaugural address before the New York Academy of Medicine, published by order of the Academy," and pronounces it "a manly and sensible performance." An extract is given to "show the estimate placed by the venerable President of our Academy upon homœopathy, upon which he speaks with all the vigor and vivacity of his youth."

The estimate thus publicly placed by the venerable President of "our Academy" upon homœopathy, sanctioned by the Academy,

commended and circulated by a respectable journal, becomes from these circumstances an interesting document. I shall therefore endeavor to give it a respectful consideration, which, under other circumstances, would be unnecessary.

The venerable President cannot believe the doctrines taught by Hahnemann, because they are contrary to reason. He says, "reason teaches me that the power of any remedial agent essentially depends on the number of grains, ounces or pounds, of which that agent consists." As I cannot understand this statement in any sense which makes it true, I must be permitted to ask for an explanation of its meaning. If by power is meant the capability of acting upon the animal organism, irrespective of the kind of effect produced, whether salutary or injurious, the statement is not true; for in this respect it is well known that quality is more essential than quantity. The inherent quality of prussic acid and its relation to the animal economy, makes an ounce of prussic acid vastly more powerful than an ounce of castor oil, although the quantities are equal.

If by "the power of a remedial agent" its remedial power is intended, the statement is not true; for it is well known that discretion and sound judgment are required in adapting the dose to the peculiarities of the case. Half a drop of prussic acid may be remedial, when an ounce would instantly destroy life. So of the most common drugs, it is not true that their remedial power is increased in a direct proportion to the increased "number of grains, ounces or pounds" taken; small doses may cure the patient when ounces or pounds of the same drug would inevitably cause his death. The subject of doses is an important one, and I would most respectfully inquire whether the Academy intended by the above proposition of their venerable President to prescribe the limits of doses, putting the minimum at a grain, the medium at one or two ounces, and the maximum of a "regular" dose at one or two pounds. It is to be regretted that the Academy seems to have adopted the views of Dr. Brandreth on this subject, as set forth in advertising Brandreth's pills. He says, "if one pill does good, two pills will do more good; the more pills you take the more good they will do you; if anybody is not cured by taking these pills, it is because they have not taken enough of them; which being generalized and translated into the scientific language of our Academy becomes this identical proposition: The

power of any remedial agent essentially depends on the number of grains, ounces or pounds of what that agent consists."

I am happy to assure the public that the practice of intelligent physicians, of whatever school, is not so bad as might be inferred from this statement of a fundamental principle. Experience teaches them the danger of being governed by any such theoretical speculations, and they are themselves ready to admit that many a poor patient gets cured to death by overdosing. "*Nullum remedium nisi quod tempestivo usu fiat,*"—there is no remedy except that which becomes so by seasonable use—is a received medical maxim.

The illustration given in the relative effects of a large or small quantity of gunpowder, steam, and all other agents of similar power, which the doctor cites as very analogous, shows a total want of discrimination between remedial and destructive power. The rifleman, who with unerring aim hits the mark, is careful to select powder of the particular quality suited to his rifle, and learns by experience the quantity necessary to propel the ball the required distance with the requisite force. A person ignorant of these necessary precautions, and intent only upon increasing the power, might load to the muzzle, burst the gun, "and produce great destruction of human life," and might be considered a "dead shot," but not a good marksman.

The ignoramus, usurping the place of the engineer, may fasten down the safety valves and put on steam with all zeal, in the expectation of making a quick passage, and the academy, if they look to the amount of power as the only thing requisite to a safe voyage, may embark, but I would kindly warn them not to go in that boat; experience has shown that there is great danger in such a course. I fear they will burst their boiler.

Hahnemann has never forbidden "his pupils to reason or theorize on his principles," and never has asserted any such nonsense as Dr. Stearns attributes to him. Believing with undoubting faith, that the benevolent Creator has wisely arranged the laws of nature, with a humility characteristic of true greatness, he has felt it to be his province, by the careful observation of facts, to inquire what is the natural constitution of things, rather than to attempt, by any effort of mere reason, to determine what it ought to be. In this good work he labored with untiring zeal, and his labors were rewarded with glorious success.

And now I would ask Dr. Stearns and the Academy, what right

have you to accuse Hahnemann of an "express purpose to practice deception and imposition upon the credulity and prejudices of the community?" What reason have you to assert that "poisons and narcotics constitute the corner-stone of the homœopathic edifice?" Dare you assert that homœopathists use greater quantities, or more concentrated and dangerous forms of poisonous and narcotic substances, than allopathists use? Dare you even pretend that we use them in as concentrated forms as they are habitually used by you? What reason have you to assert that "the alleviation of pain by narcotics gives to their (homœopathic) practice all its popularity?" That homœopathy is popular, and that our practice alleviates pain and cures the patient is true. Your testimony to this point is good; but the assertion that the alleviation of pain is procured by narcotics is false, and I challenge you to the proof. How dare you assert that if a man attempts to practice upon the principles of homœopathy "he must possess a most depraved moral faculty?" Do you know that homœopathic practice impairs health, destroys life, and must necessarily impair the usefulness of the clergy as guides to eternal happiness, if they patronize it? What has constituted you defenders of the faith and guardians of "our holy religion," with authority to school the clergy in the discharge of their peculiar professional duties? This high-handed attempt to overawe the clergy and all religious men, to defame and ostracise homœopathic practitioners looks more like a conspiracy to destroy the reputation of successful rivals, than like an honest, honorable effort to promote the truth. I deny your premises, I deny your conclusions, and I call for your proofs.

ARTICLE LXXV.

Medico-Legal Diagnosis of Insanity. Duties of Physicians before Commissions of Lunacy. By F. W. HUNT, M. D., New York.

The science of medical jurisprudence, though still imperfect, is as ancient in some of its first principles as the time of Moses. Since the time of the Emperor Charles V, it has been the duty of physicians to instruct courts of law on many important matters. In the celebrated criminal code framed at Ratisbon in 1532, it was distinctly ordered that the opinions of physicians should be formally taken in all cases in which death has been caused by violent

means, such as wounds, hanging, poisoning, and also in prosecutions for infanticide.

In later times the study of questions which physicians are supposed to have peculiar means of settling correctly, has grown into a science known as Legal-Medicine or Medical Jurisprudence. It has already an extensive literature, and is supposed to be one of the most intricate and important of all the medical sciences.

On no occasion has medicine assumed a loftier position than when, stepping forward into the forum and, in the light of all the scientific acquisitions of all ages, she has presumed to announce to courts, counselors and juries the degree of intelligence that ought to be claimed by the individual whose judgment is suspected, and the extent of responsibility which the State may rightly measure out to the unfortunate, if not criminal, individual charged with the commission of crime. Never, said Dr. Rush, more than half a century ago, has medicine appeared in a position more "honorable."

Medical men are supposed to have peculiar powers of discrimination and analysis of human motives, and of the strength and weakness of the many hidden springs of human action. They claim to belong to a profession which, in the language of a member of a rival calling, is composed of "astute personages—mysterious in their means of knowledge, and confident in their powers of extinguishing the common sense of both judges and juries."

Let it not be supposed that such pretensions can be easily maintained. Never has medico-legal science been more severely tested than in that darkest field of all medical thought and learning, *the medical jurisprudence of insanity.*

The distinction between real and simulated imbecility—between irresponsible insanity and responsible eccentricity, presents one of the most intricate problems ever presented to a physician. It is one of the requirements of the old English law, copied and followed out in every American State, that the man who is incapable of taking care of himself by his own wisdom, shall be taken care of by the greater wisdom of the State in which he lives, and of which he only forms an atomic part.

All persons, believed by their families or others to be "of unsound mind," as idiots, lunatics, or insane persons, are considered "incapable of making contracts, either personal or affecting real estate; of suing or defending in courts of justice; of performing the ordinary duties and offices of life; of making devises or be-

quests." By an ancient legal maxim, "the sovereign has the custody of lunatics." In England this care is delegated to the keeper of the great seal. When a man is supposed to be insane, and no longer capable of protecting or taking care of himself, it is necessary that those interested in him or his estate shall apply to the keeper of the great seal for the appointment of a commission, a writ "*de lunatico inquirendo*" to inquire into the fact of the lunacy of said person.

The commissioners thus appointed are required to summon a jury who shall inquire into the fact of the alleged or supposed lunacy. If the party upon further investigation be found really lunatic, "the custody of the lunatic's person and estate devolves on the crown, and the chancellor, on petition, appoints committees to have the custody of either or both. These may be whoever the chancellor shall think fit, although the next of kin are usually preferred.

It is well known that many abuses have been committed by relatives of persons alleged to be insane; they have therefore the right to a writ of *habeas corpus*, that the ground of detention, even in an asylum, may be inquired into.

Lunatics are maintained by an allowance from their own estates; when they have none they are consigned to public asylums. In England the law regulating their care and control is the statute 3 and 4, William IV, chapter 36. Licensed asylums for the insane, under the keeping of medical men, are under the control of licensing commissioners: statute 2 and 3, William IV, chapter 107, modified by one of later date. The laws relating to certificates of lunacy were consolidated in the acts 16th and 17th, Victoria, chapter 96 and 97, which came into operation November 1, 1853. Under the law as it is now no person, not a pauper, can be received or detained in any asylum without an order from some person, generally the nearest relative, and two medical certificates, which must be signed by two physicians, surgeons or apothecaries, not partners, who shall have separately examined him within seven days before admission. Notwithstanding the stringency of the law, complaints are common in that country that abuses still arise in practice; and also that the duties of physicians are but imperfectly performed.*

The responsibility thrown by the English law upon physicians

* Miller's Hints on Insanity, page 78.

is sufficiently weighty for any profession. In many cases it may be no easy matter for the practitioner to write out the facts upon which his opinion is formed. It is said that these facts are frequently stated in a loose and careless manner, showing a complete misapprehension of their meaning.

The incapacity of a person of unsound mind to commit a crime depends, it is said, upon his irresponsibility, moral and legal. On a trial for crime committed by an alleged lunatic, the jury is generally instructed by the commission or court "to acquit the prisoner if satisfied that he was incapable of knowing right from wrong, or that he was unconscious that the act was a crime against the laws of God and nature. If the jury acquit the prisoner on the ground of insanity, they are directed, by Act of Parliament, 39 and 40, George III, chapter 94, to find specially whether the person was insane at the time of committing the offense; if the jury thus find, the accused will be taken into custody as a person not safe to be trusted at large.

Every medical certificate, although accepted by the commissioners of lunacy, may become at a future time a subject of close and hostile criticism in court. Thus in the case of Davies, the tea dealer. The medical witness stated, as one of the facts indicating insanity, that Davies, when asked, could not tell how much money he had in his pocket. This fact, though true, was at once seized upon by Lord Brougham, as a lawyer, and his eloquence was sufficint to render the doctor's "facts" so ridiculous, that the jury decided Davies to be a sane man, though he was known to others to be insane.

In America the law is substantially the same in all the States; the same definitions of terms are accepted, and the modes of proceeding are nearly the same in all.

In plain and simple cases, in which insanity is strongly marked, the duty of the physician is easily defined. He is only expected to take such means as he may think necessary to ascertain whether an individual does or does not possess a sound mind. There are no positive rules by which he must be governed in reaching his decision, no settled and universally acknowledged symptoms, by which insanity shall be distinguished; no standard of moral worth and high scientific acquirements, by which the physician's qualifications for a mission so responsible, may be measured.

The question of the sanity or insanity of any citizen, of any State, is entrusted by the laws to the opinion of one or two phy-

sicians, and in the great majority of cases the trust is wisely and conscientiously performed. A few moments' conversation with a patient, who had never before been seen, a few blanks filled, a deposition signed and sworn to by any two practitioners, and the life destiny of an unsuspecting fellow being is disposed of.

It is in contested cases that the difficulty arises, and there we shall find it sufficiently great. There wise but modest men, who have laboriously sought to reach a correct opinion, must often be perplexed with unexpected questions.

Ignorance of the law is not allowed to be an excuse for its violation, so a medical man, unless acquainted with all the particulars which make up the totality of a given case, may easily subject himself to a prosecution, or a civil action, and he is not likely to be spared the disgrace and mortification attendant upon either, should it happen that the case is of a doubtful nature.

Definitions and Synonyms.—Insanus: insane—literally, unsound. Insanity is a term that includes many varieties of unsoundness of mind, as derangement, alienation, lunacy, madness, mania, monomania, delirium, craziness, distraction, frenzy, melancholy and dementia. These words are used to denote various forms, as well as different degrees, of mental disorder.

Melancholy may be slight or intense.

Lunacy is properly a periodical insanity, formerly supposed to be influenced by the moon. This term is now applied by lawyers to all those disordered states of the mind known by medical men under the names of mania, monomania and dementia, generally, though not necessarily, accompanied by lucid intervals.

Derangement, alienation and delirium are all used to denote a less confirmed or a less violent mental disease than madness and mania.

Monomania is insanity on one subject only.

Frenzy or distraction is a violent turn of insanity or madness.

Dementia is a loss of understanding, or a state of idiocy.

Such is the programme, imperfectly sketched, of a theme which courts, juries and medical witnesses undertake to traverse. Ignorant men expect to be able to classify and label and ticket the multifarious cases, with as much precision as specimens of natural history might be discriminated by Linnæus himself. We have here only space to consider and indicate a few of the difficulties, as they arise in actual practice.

Diagnosis of Insanity.—The main characteristic of insanity, says Dr. Taylor, in a legal point of view, is said to be the existence of *delusion*; that is, that the person should believe something to exist that does not exist, and that he should act upon this belief. He may labor under harmless delusion, and be still fitted for social duties. If these delusions lead them to injure others in person or property, then the case is believed to require legal interference.

But all efforts to define the precise meaning of the word insanity has thus far failed. Sir Henry Halford, in despair, exclaimed: "Insanity like sense, does not admit of a definition."

The Roman law spoke of two species of mental derangement, the one of milder, and the other the more violent form. The French law has distinguished between amenia, insanity and idiocy, without defining the divisions. The Prussian law distinguishes between maniacs and idiots.

The law of England recognizes the two forms of unsoundness of mind: 1. *Dementia naturalis*, corresponding to *idiocy*. 2. *Dementia adventitia*, or *accidentalis*, or *general insanity* in persons who have once enjoyed reasoning powers. Further efforts at exact definition have never been successful. It is generally said that an individual is insane whose understanding is arrested or changed, and when he is powerless to avail himself of his reasoning faculties, or make known his wishes, though his external senses are still awake to the objects of the world around him. His perceptions of the external world may be mainly correct, but he has some fixed idea that is without foundation.

There may be general or partial derangement of one or more faculties of the mind: in all cases this derangement prevents freedom of the mind's action, though the patient is still conscious of external actions and objects.

Dr. Buckwill's definition of insanity has been generally approved. He says: "Insanity may therefore be defined as a condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrolable violence of the emotions and instincts, have separately or conjointly been produced by disease."*

All persons of sound mind have ability to think and act freely. In the insane this ability is destroyed. A *sane* man is a man of sound *common sense*. He is therefore in the truest sense of the

* "On Criminal Lunacy," pp. 27, 28.

term—"*a sensible man.*" The senses of an insane man may be reliable on many, perhaps on most subjects, but not on all—not on all where ordinary minds might safely be trusted.

The following definition of monomania was given by Esquirol, more than thirty years ago: "Perversion of understanding limited to a single object or small number of objects, with predominance of mental excitement."* He further describes it as a chronic cerebral affection, without fever, and characterized by a partial derangement of the intelligence, the effections, or the will. The intellectual disorder is concentrated on one object, or a circumscribed series of objects. The patient sets out from a false prinprinciple, from which he generally reasons correctly, and from which he may draw the legitimate conclusions which modify the affections or the actions of his will.

The illusions, hallucinations, vicious associations of ideas and false, erroneous and whimsical convictions, are the basis of that perversion of the intelligence which Esquirol calls *intellectual monomania.*

"In monomania," says Taylor, "the mind is unsound—not unsound in one point only, and sound in all other respects; but this unsoundness manifests itself principally with reference to some particular object or person."† There is no doubt that all the mental faculties are more or less affected; but the affection is more strikingly manifested in some than in others.

An eccentric man may be convinced of his error; a monomaniac thinks his acts consistent with reason and with the general conduct of rational men.

Monomania may show itself in the form of causeless suspicion, jealousy or hatred of others, especially persons to whom the individual ought to be attached. It may also show itself under the form of a wild, reckless or cruel disposition. This is what Dr. Pritchard has called Moral Insanity. It is doubtful whether it ever exists alone, or distinct from intellectual insanity. The law does not now acknowledge it, at least in civil cases. It is not admitted as a bar to responsibility for civil or criminal acts, except in so far as it may be accompanied by intellectual disturbance.

I have elsewhere said that physicians have seldom, in courts of justice, been favored with the opportunity to do honor to them-

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* "Des Maladies Mentales," tome 1, p. 332.

† Medical Jurisprudence, p. 553, Pritchard.

selves or the profession. I propose now to illustrate this observation by a few citations (necessarily at some length) from the books. The questions that have arisen, the confusion of authorities, the failure of witnesses, courts and juries in solving the deep problems of the human soul, will sometimes awaken surprise; sometimes regret and disappointment. I refer to—

I. *Case of James Hadfield.*—On the 15th of May, 1800, Hadfield fired a horse-pistol, loaded with two slugs, at King George III, as he was entering Drury Lane Theatre. The audience was, of course, highly excited; but the king was perfectly calm, raising to higher enthusiasm the loyal devotion of the people. Mr. Sheridan, on the spur of the moment, composed the following additional verse to the national anthem. It was sung three times the same evening, by Mrs. Jourdan:

"From every latent foe,
From the assassin's blow,
God shield the King!
O'er him their arm extend:
For Britain's sake defend
Our father, prince and friend—
God save the King!"

Hadfield was tried in the Court of the King's Bench for high treason. He was defended by Mr. Erskine, in a speech often referred to since, and which Sir William Follet declared to be one of the most eloquent and able speeches that was ever delivered at that bar. It was in this speech that Erskine referred to a former case with such apparent truthfulness and power that this part of his speech has since been quoted in the defense of every person charged with crime in whose defence the plea of insanity has been set up.

Hadfield was acquitted on the ground of insanity. He was immediately committed to the safe keeping of Bedlam Hospital, where he died in January, 1841, after an imprisonment of forty years.

II. *Case of Bellingham.*—Bellingham killed Mr. Percival, Prime Minister of England, Monday, May 11, 1811; and within seven days he was tried, convicted and executed, and on Monday, May 18, the assassin's body lay on the dissecting table. This case has been discussed at great length by British writers. In commenting upon it, the advocate who defended M'Naughten said: "Few will read the report of Bellingham's trial without being forced to the conclusion that he was really mad, or at the very

least, the little evidence which alone he was permitted to adduce, relative to his state of mind, was strong enough to have entitled him to a deliberate and thorough investigation of his case." A military officer who was present at the execution, and very near the scaffold, has distinctly stated that he recollected that Bellingham, "while standing on the scaffold, elevated one of his hands as if to ascertain if it were raining; he then observed to the chaplain, in a very calm and natural manner, 'I think we shall have rain to-day.'"

Bellingham had believed, with or without reason, that he had been treated with injustice by Mr. Percival. The following remarks by Mr. Alison give the true value of the assassin's delusion, if it was one: "Unquestionably, the mere fancying a series of injuries to have been received will not serve as an excuse for murder, for the plain reason that, supposing it true that such injuries have been received, they would have furnished no excuse for the shedding of blood. On the other hand, however, such an illusion as deprives the person of the sense that what he did was wrong, amounts to legal insanity, though he was perfectly aware that murder in general was a crime."

III. *Case of Edward Oxford.*—On the 9th of June, 1840, Queen Victoria and the Prince Consort were riding in a low open carriage. Just as they ascended Constitution hill, a young man was observed walking backward and forward with his arms folded. As the carriage approached he turned round, nodded, drew a pistol from his breast, and when it was nearly opposite to him, he fired at the carriage. As it advanced, he looked round to see if he were observed, then took out a second pistol, directed it across the other towards the Queen, who seeing it, stooped down; Oxford, now at the distance of six or seven yards, fired very deliberately a second time. Witnesses heard the sharp whizzing "close past their own ears." Oxford was quickly arrested, and when he saw the man who had snatched the pistols from him mistaken for the person who had fired, said: "It was me; I did it; I give myself up; I will go quietly!" At the police office he asked: "Is the Queen hurt?" Some one said, "I wonder if there were any balls in the pistols." The prisoner said: "If the ball had come in contact with your head; if it had been between it and the carriage you would have known it."

Oxford had, a few days before, purchased the pistols, about fifty percussion caps, a powder flask; a bullet mould, and five

bullets fitting the pistols were found at his lodgings: and he had been practicing firing at a target.

When he asked if the Queen was hurt, he told Lord Uxbridge that he had "been shooting a great deal lately—he was a very good shot with a pistol, but a better shot with a rifle." The balls were not found though diligently sought.

The prisoner when examined before the Privy Council, said: "A great many witnesses against me; some say I shot with my left, others with my right. They vary as to the distance. After I fired the first pistol, Prince Albert got up as if he would jump out of the coach, and sat down again as if he thought better of it. Then I fired the second pistol. This is all I shall say at present."

(Signed) EDWARD OXFORD.

The trial of Oxford took place at the old Bailey, occupying the 9th, 10th and 11th of July, 1840. The judges were Lord Denman, Baron Alderson and Justice Maule. Counsel for the Crown; Sir John Campbell, Attorney-General, and Sir Thomas Wilde, Solicitor-General. The indictment was drawn in the words of the Statute 39 and 40, George III., c. 93, § 1.

The prisoner, says Mr. Townsend, "stepped into the dock with a jaunty air, and a flickering smile on his countenance; glanced at the galleries, as if to ascertain whether he had a large concourse of spectators, and leaning with his elbow on the edge of the dock, commenced playing with the herbs (rue) which are always placed there. He kept his gaze earnestly fixed upon the Attorney-General during the whole of his address, twirling the rue about in his fingers, and became more subdued in manner towards the close of the speech.*

The defense relied upon the plea of insanity. Five medical witnesses were examined. Their testimony is thus condensed:

First Doctor.—Question by the prisoner's counsel and the court:—"Supposing a person in the middle of the day, without any suggested motive, to fire a loaded pistol at Her Majesty, passing along the road in a carriage; to remain on the spot; to declare he was the person who did it; to take pains to have that known, and afterwards to enter freely into discussion, and answer any questions put to him on the subject; would you, from these facts alone, judge a person to be insane?"

Answer—"I should."

* Modern State Trials, Vol. 1, p. 113, 1850.

Q. "Do you mean to to say, upon your oath, that if you heard these facts stated, you should conclude that the person would be mad?"

A. "I do."

Q. "Without making any other inquiry?"

A. "Yes! If, as a physician, I was employed to ascertain whether a person in whom I found these facts was sane or insane, I should undoubtedly give my opinion that he was insane!"

Q. "As a physician, you think every crime, plainly committed, to be committed by a madman?"

A. "Nothing of the kind; but a crime committed under all the circumstances of the hypothesis!"

It is evident in this examination that the witness is skillfully led forward by a "hypothesis" which was not precisely that which his own mind would have spontaneously framed. It was true that Oxford "remained on the spot!" he saw no chance of escape. He confessed that he "did it," but he knew it had been seen by many others.

Second Doctor.—He is asked the same questions as had been proposed to the first, with the addition of "hereditary insanity being in the family of the person concerned?"

A. I should consider these circumstances of strong suspicion, but other facts should be sought before one could be warranted in giving a positive opinion."

Q. "Are there instances on record of persons becoming suddenly insane, whose conduct had been previously only eccentric?"

A. "Certainly, supposing in addition, that there was previous delusion; my opinion would be that he is unsound. Such a form of insanity exists and is recognized."

Q. "What form do you call it?"

A. "Lesion of the will—insanity connected with the development of the will. It means more than a loss of control over the conduct. Morbid propensity; moral irregularity is the result of disease. Committing a crime without any apparent motive is an indication of insanity."

Q. "Do you conceive that this is really a medical question at all, which has been put to you?"

A. "I do; I think medical men have more means of forming an opinion on that subject than other persons."

Q. "Why could not any person form an opinion from the cir-

cumstances which have been referred to, whether a person was sane or insane?"

A. "Because it seems to require a careful comparison of particular cases, more likely to be be looked to by medical men, who are especially experienced in cases of unsoundness of mind."

Third Doctor.—"I have 850 patients under my care in a lunatic asylum. I have seen and conversed with the prisoner. In my opinion he is of unsound mind. I never saw him in private more than once, and that for perhaps half an hour, the day before yesterday; and I have been in court the whole of yesterday and this morning. These are the notes of my interview with him: A deficient understanding; shape of the anterior part of the head, that which is generally seen when there has been some disease of the brain in early life. A occasional appearance of acuteness, but a total inability to reason; singular insensibility as regards the affections; apparent incapacity to comprehend moral obligations; to distinguish right from wrong; absolute insensibility to the heinousness of his offense and the peril of his situation; total indifference to the issue of the trial; acquittal will give him no particular pleasure, and he seems unable to comprehend the alternative of his condemnation and execution. His offense, like that of other imbeciles who set fire to buildings, without motive except a vague pleasure in mischief; appears incapable to conceive anything of future responsibility."

Q. "Did you try to ascertain whether he was acting a part with you or not?"

A. "I tried to ascertain it as well as I possibly could. My judgment is formed on all the circumstances together."

Fourth Doctor.—To the same general question put to the first and second doctors:

A. "An exceedingly strong indication of unsoundness of mind; a propensity to commit acts without apparent or adequate motive, under such circumstances, is recognized as a particular species of insanity, called 'lesion of the will'—it has been called moral insanity."

Q. "From the conversation you have had with the prisoner, and your opportunity of observing him, what do you think of his state of mind?"

A. "Essentially unsound; there seems to be a mixture of insanity with imbecility. Laughing and crying are proofs of imbecility, assisting me to form my opinion. * * * When I

saw him I could not persuade him that there had been balls in the pistols. He insisted there were none. He was indifferent about his mother when her name was mentioned. His manner was very peculiar, entirely without acute feeling or acute consciousness; lively, brisk, smart, perfectly natural, not as if he were acting, or making the least pretense. The interview lasted about three quarters of an hour."

Fifth Doctor.—"A practicing surgeon for between three and four years; had attended the prisoner's family."

Q. "What is your opinion of his state of mind?"

Q. "Decidedly that of imbecility—more imbecility than anything; he is decidely, in my judgment, of unsound mind. His mother has often told me that there was something exceedingly peculiar about him, and asked what I thought. The chief thing that struck me was his involuntary laughing; he did not seem to have that sufficient control over the emotions which we find in sane individuals. In Newgate he had great insensibility to all impressions sought to be made on him. His mother once rebuked him for some want of civility to me, on which he jumped up in a fury, at the moment alarming me, and saying he 'would stick her."

In criticizing the medical testimony in this case, a writer in Blackwood's Magazine, of November, 1850, page 558, characterizes its results as "the safe committal of crime made easy to the plainest capacity." "It proceeds upon paradoxes, subversive of society; moral insanity; absurd misnomer! Call it rather immoral insanity, and punish it accordingly."

It is possible that absence of assignable motive shall be taken as evidence of such insanity as should exempt from responsibility! Inability to resist or control a motive to commit murder a safe ground for immunity from criminal responsibility! That criminal responsibility which a late Lord Chancellor remarked "secures the very existence of society."

Of these medical witnesses it is further observed: "The first knew nothing of the case but what he had heard in court, though he had some years before attended the prisoner's father for symptoms of poisoning by opium. The second reasoned only upon what he saw at the trial. The third only saw the prisoner, "for perhaps half an hour" before the trial, perhaps on the same day. The fourth saw the prisoner with the last named "for perhaps

three-quarters of an hour." The fifth was a surgeon of only four years' practice.

Sir Thomas Wilde made the plea for the Crown in Oxford's case. Admitting that the balls could not be found, he asked "what would be the condition of society, if assassins were to be cleared when the bullets with which they murdered unsuspecting citizens could not be found. He thought, "if eccentric acts were taken as proof of insanity, there were many eccentric characters in all our cities who are laying up a large stock of excuses for the commission of crime." If laughing without cause is to be taken as evidence of imbecility, the lunatic asylums would soon overflow with gigglers."

Lord Denman thus charged the jury :

"If you think the prisoner was, at the time, laboring under any delusion which prevented him from judging of the effects of the act he had committed, you can not find him guilty. He might, perhaps, have been laboring under a delusion which prevented him from judging of the effects of the act he had committed; if so, you cannot find him guilty. He might, perhaps, have been laboring under a delusion affecting every part of his conduct, and directed to one object alone; if that were so at the time of his firing, he could not be held accountable for it. But if, though laboring under a delusion, he fired the loaded pistols at the Queen, knowing the possible result, though forced to the act by his morbid love of notoriety, he is responsible, and liable to punishment."

"There may be cases of insanity, in which medical evidence as to physical symptoms is of the utmost consequence; but as to moral insanity, I, for my part, cannot admit that medical men have at all more means of forming an opinion in such cases than are possessed by gentlemen accustomed to the affairs of life and bringing to the subject a wide experience."

"The mere fact of the prisoner's going into the park, and raising his hand against the Queen, is not to be taken as evidence of insanity, particularly if we suppose that he is naturally reckless of consequences. It is a mark, doubtless of a mind devoid of right judgment and of right feeling; but it would be a most dangerous maxim that the enormity of a crime should secure the prisoner's acquittal by being taken to establish his insanity. Acts of wanton and dangerous mischief are often committed by persons who suppose that they have an adequate motive; but they are sometimes done by those who have no adequate motive, and on

whom they can confer no advantage. A man may be charged with slaying his father, his child, or his innocent wife, to whom he is bound to afford protection and kindness, and it is most extravagant to say that this man cannot be found guilty, because of the enormity of his crime!"

The jury, after forty-five minutes deliberation, returned with the following:

Verdict.—"We find the prisoner, Edward Oxford, guilty of discharging the contents of two pistols; but whether they were loaded with ball has not been satisfactorily proved to us, he being of unsound mind at the time. In other words, we find that he did not fire a pistol loaded with ball, because he was not of sound mind!"

The judge hinted that they had not studied the language they had used, and sent them back to apply their minds to the true question, viz.: "Did the prisoner, aye or no, fire a pistol, loaded with ball, at the Queen?"

The foreman—"We cannot decide the point, because there is no satisfactory evidence produced before us to show that the pistols were loaded with bullets." They retired with direction to return with a verdict of "guilty," or "not guilty, on the evidence." After an hour's absence they finally brought back the verdict, "Guilty, he being at the time insane!"

Lord Denman—"Do you acquit the prisoner on the ground of insanity?"

Foreman—"Yes, my Lord, that is our intention!"

Lord Denman—"Then the verdict will stand thus: Not guilty, on ground of insanity! The prisoner will be confined in strict custody, as a matter of course."

The prisoner walked briskly from the bar, apparently glad that the tedious trial was over.*

On this case the following criticism has been given:

I. The evidence is not positive, but it is almost certain that the pitols were loaded with balls. If there was doubt the jury ought to have acquitted the prisoner without reference to the state of his mind.

II. The verdict was the result of a compromise between the various minds about how high the punishment should be fixed, and also between the conflicting motives pleading in each individual mind in favor of justice and humanity at the same time. It

* Townsend, Volume I., p. 150.

was too painful to find him guilty of high treason, and too dangerous to turn an agent of so much probable evil loose upon society.

Oxford had been acquitted of the charge of high treason on which he had been tried, but he was in the same breath convicted of insanity. He was consigned to Bedlam, of course for life, for if insane at all, he would through life continue so.

Ten years after his sentence, Oxford was visited by the reviewer. He was then about thirty years of age. He thought he had been terribly punished for his "foolish act." When asked what made him shoot at the Queen, he said: "Oh, I was a fool! it was just to get myself talked about and kick up a dust. A good horse-whipping was what I wanted." The words were spoken with a sigh. He was asked if he would have done it if he had thought of coming to Bedlam hospital. "No, indeed," he replied, "I should not; it has been a severe punishment! I dare say public opinion says nothing about me now."

4. *Case of Daniel M'Naughten.*—Mr. Drummond, private secretary of Sir Robert Peel, then Prime Minister of England, was returning alone to his residence in Downing street, London, on Friday afternoon, January 20, 1843, a man, named Daniel M'Naughten, came close behind him, and carefully taking a pistol from his breast, deliberately shot Mr. Drummond in the back, who immediately staggered away. Quickly the assassin as carefully took another pistol from his right breast with his left hand; cocking the pistol, he took it in his right hand, but was tripped up by a police officer, and during a desperate struggle on the ground, the pistol went off without injuring any one. M'Naughten was taken to the station house. Mr. Drummond died on the 25th of January, after great suffering.

The assassin appeared calm; he gave correct accounts of his recent travels, was considered sane, temperate and somewhat reserved, also frugal and punctual in payments. It seemed that he thought he had killed Sir Robert Peel, near whose residence he had been seen loitering during the previous fortnight. When shown Sir Robert's house in Whitehall, he was heard to say, "d——n him," &c. His other remarks were perfectly rational. When he was arrested he was heard to say, "he shall not break my peace of mind any longer."

Letters were found dated in May and July preceding the murder, which indicated great caution and shrewdness on the part

of the writer. When arrested he was found in possession of a banker's receipt for £745, two £5 notes and four sovereigns. Percussion caps and bullets suiting the pistols were found at his lodgings. The pistols had been purchased in July. Later, he answered a business advertisement in the following well studied language:

"Glasgow, *July* 19*th*, 1862.

"Sir: My attention has been attracted to your advertisement in the "Spectator" newspaper, and as I am unemployed at present, and very anxious to obtain some, I have been induced to write requesting you to state some particulars regarding the nature of the business in which you are engaged. If immediate employment can be given, or otherwise, what sort of security will be given for the money, and how much interest? I may mention that I have been engaged in business on my own account for a few years, am under thirty years of age, and of very active, sober habits.

"The capital which I possess has been acquired by the most vigilant industry, but, unfortunately, does not amount to the exact sum (£1,000) specified in your advertisement. If nothing else will do, I will be sorry for it but cannot help it; if otherwise, have the goodness to write to me at your earliest convenience, and address D. M., No. 90 Clyde street, Anderson's front land, top flat."*

M'Naughton went to London during the same month; appears to have visited France, returning to Glasgow, then to London, in September, where he shot Mr. Drummond January 20 following. From the date of his attending lectures on anatomy in Glasgow—1840-41—up to the fatal day, none who knew him had seen in him anything to lead them to suspect disordered or unsettled mind, or that he was not in his right senses. When arraigned at Bow Street on the charge of killing Mr. Drummond, M'Naughton signed the following statement:

"The Tories of my native city have compelled me to do this. They follow and persecute me wherever I go, and have entirely destroyed my peace of mind. They followed me into France, into Scotland and all over England; in fact, they follow me wherever I go. I can get no rest from them night or day. I can not sleep at night in consequence of the course they pursue towards me. I believe they have driven me into a consumption.

* Townsend, Volume I, p. 338.

I am sure I shall never be the man I formerly was. I used to have good health and strength, but I have not now. They have accused me of crimes of which I am not guilty; they do everything in their power to harrass and persecute me; in fact they wish to murder me. It can be proved by evidence. That is all I have to say!" *

M'Naughton was arraigned at the Old Bailey on the 3d of February. When called to plead guilty or not guilty, he remained silent, with his eyes fixed on the bench. When authoritively required to answer, he hesitated, but said, "I was driven to desperation by persecution."

On being told that he must answer guilty or not guilty, he replied that he was guilty of firing.

Lord Abiager said, "By that, do you mean to say that you are not guilty of the remainder of the charge—that is, of intending to murder Mr. Drummond?" The prisoner at once said "yes!" and a plea of "not guilty" was ordered to be recorded.

The plea of insanity was immediately set up by his counsel, and an effort made to postpone the trial for time to collect evidence. The Attorney-General, Sir Frederick Pollock, at once assented, and funds were set apart, from the money found upon his person, for his defense.

Friday, March 3d, the trial proceeded before Chief Justice Tindal, Mr. Justice Williams and Mr. Justice Coleridge. For the Crown appeared Sir William Follet, Solicitor General; for the prisoner, Mr. Cockburn, Q. C. In the course of his opening speech, Sir William Follet said:

"If you believe that the prisoner at the bar, at the time he committed this act, was not a responsible agent; that when he fired the pistol he was incapable of distinguishing between right and wrong; that he was under the influence and control of some disease of the mind which prevented him from being conscious that he was committing a crime—that he was violating the law of both God and man—then, undoubtedly, he is entitled to your acquittal. But it is my duty to tell you that nothing short of that will excuse him, upon the principles of the English law. To excuse him, it would not be sufficient that he labored under partial insanity upon some subjects; that he had a morbid delusion of mind upon some subjects, which could not exist in a wholly sane person: that it is not enough, if he had that degree of intellect

* Townsend, Volume I, p. 345.

which enabled him to know and distinguish between right and wrong; if he knew what would be the effects of his crime and consciously committed it; and if, with that consciousness, he willfully committed it."

The fact of the assassination was not disputed. The only possible ground of defence was that of insanity. The able plea of Mr. Cockburn was therefore directed to satisfy the jury "that the prisoner was laboring under a morbid condition of mind which took away all power of self-control, so that he was not responsible for his acts. I do not put this case forward as one of total insanity. It is a case of delusion, and I say so from sources upon which the light of science has thrown her holy beam."

The main point of his defense rested on the theory of moral insanity, which he enforced and illustrated by many strong assertions and observations.

Ten witnesses were called from Glasgow by whom it was proposed to prove that the prisoner had labored for about eighteen months under the delusion that he was the victim of some such incessant, indefinite, mysterious persecution, as he spoke of before the magistrate. Up to the time that he left Glasgow, such a delusion seems to be admitted. In London, nothing of the kind had been seen.

In July, 1842, he had been heard to speak well of Mr. Peel; thought he surpassed Lord John Russell and Mr. O'Connell, and that Mr. Peel had fiulfilled Byron's anticipation of him, "That he would be something great in the State!"

Some thought M'Naughton had some eccentricities as early as 1835. One landlord did not like his "infidel doctrines and books." Near the end of 1842 he had notions as to being persecuted. A witness told him, "there were no such people as he supposed." He said "if he could get his eyes upon them they should not be long in the land of the living," and shortly afterwards became very much excited. Sometimes he said he was "haunted by a parcel of devils following him." When asked what he would do with some pistols he showed, he said he was going to shoot birds with them. He told the commission of police that the persecution proceeded from the priests of the Catholic Chapel in Clyde street, who were assisted by a parcel of Jesuits; the Catholic priests and Tories were all leagued against him.

Nine physicians were called to explain the above elicited facts in favor of the defense, and, says Mr. Townsend, "had the work-

ings of the troubled brain been as distinctly visible to the eye as the labors of bees seen through a glass hive, they could not have held the fact to be more demonstratively proved; positively beyond the possibility of mistake, and infallible as theologians, they explained all that might appear without the aid of science inexplicable; and proved, as if they were stating undoubted facts, an irresponsible delusion." One physician testified that "as a matter of certainty M'Naughton was not responsible for his acts," and further:

"By an excess of lenity, the counsel for the prosecution allowed these scientific witnesses to depart from the ordinary rules of evidence, to give their own conclusions from the facts proved, and usurped the province of the jury."* Each physician and surgeon, as he stepped into the witness box, seemed anxious to surpass his predecessor in the tone of decision and certainty; each tried to shoot still further than his predecessor into empty space. A distinguished physician in Pate's case had asserted his conviction that he could ascertain the nicest shade of insanity; "that the shadowy trace of eccentricity, dissolving into madness, could be palpably distinguished." "He was, therefore, positive that the murder had been committed by the prisoner while afflicted by a delusion under which he had been laboring for a considerable time."†

The nine medical witnesses had now given their opinion with a wonderful degree of unanimity, and the court gave up further search for truth and justice. Chief Justice Tindal here interposed to ask Sir William Follet if he was prepared to combat such an array of medical witnesses, "because," said he, "if you are not we are under the necessity of stopping the case."

The prosecution could not compete with such learned witnesses.

Chief Justice.—"We feel the evidence, especially that of the last two medical gentlemen, who are strangers to both sides, and only observers of the case, to be very strong and sufficient to induce my learned brothers and myself to stop the case."

The solicitor-general took this plain hint and abandoned the prosecution. He did not even call the two physicians who had been selected by the government to examine the prisoner, though they sat beside him in the court. "By that time," says the

* Modern State Trials, Volume I, p. 398.

† Townsend. Volume I, p. 396.

reviewer, "he had probably seen enough to make him distrust medical evidence altogether, come from whom it might."*

The chief-justice thus addressed the jury: He did not think it necessary to go over the evidence. "If, in balancing the evidence in your minds, you think that the prisoner was at the time of committing the act, capable of distinguishing between right and wrong, then he was a responsible agent, and liable to all the penalties which the law enforces. If not so, and if, in your judgment, the subject should appear involved in very great difficulty, then you will probably not take upon yourselves to find the prisoner guilty. If that is your opinion, then you will acquit the prisoner. If you think you ought to hear the evidence more fully in that case, I will state it to you and leave the case in your hands. Probably, however, sufficient has now been laid before you, and you will say whether you want any further information."

Foreman of the Jury.—"We require no more, my Lord."

Chief Justice.—If you find the prisoner not guilty, say on the ground of insanity; in which case proper care will be taken of him."

Foreman.—"We find the prisoner not guilty, on the ground of insanity."

The correctness of this verdict was disputed by many. But, as was remarked by Mr. Townsend (Volume 2, p. 325), it is far more just and merciful to take care alike of the accused and of society, by confining in secure custody the doubtfully conscious shedder of blood, than to incur the fearful hazard of putting to death an irresponsible agent.

The five law lords then in Parliament unanimously believed M'Naughten responsible and guilty also, and expressed the opinion that the case should have been permitted to reach its legitimate termination. The lords were, the Lord Chancellor, Lord Brougham, Lord Cottenham, Lord Denman and Lord Campbell.

On this case we have the following remarks by Dr. Taylor: †

"When we find a man lurking for many days together in a particular locality, having about him loaded weapons, watching a particular individual who frequents that locality—a man who does not face the individual and shoot him, but who coolly waits until he has an opportunity of discharging the weapon, unobserved by his victim or others—the circumstances appear to show such a

* Townsend, Volume I, p. 378.

† Medical Jurisprudence, page 799.

perfect adaptation of means to ends, and such a power of controlling his actions, that one is quite at a loss to understand why a plea of irresponsibility should be admitted, except upon the fallacious ground that no motive could be discovered for the act—a ground, however, which was not allowed to prevail in the case of Courvoisier, Francis, and the perpetrators of other fallacious crimes. M'Naughten was sensible of his danger, and awake to his own interest. Immediately after committing the act he thinks at one moment that he may have admitted too much. He says to the officer: 'But you won't use this against me?'

"Observe that he does not at first think of the plea of insanity or any insane delusion about Sir Robert Peel. It is only after he has been for some time in prison, and when he knew that he was being examined by a physician to see whether he may not have been insane when he committed the act, that he said: 'Mr. Salmond, the Procurator Fiscal, Mr. Bell, Mr. Sheriff Alison and Sir Robert Peel might have put a stop to this system of persecution if they would! We were afraid to go out after dark for fear of assasinations; that individuals had been made to appear before him like them he had seen at Glasgow; that he imagined the person at whom he fired at Charing Cross to be one of the crew—a part of the system that was destroying his health; that when he saw that person, every feeling of the suffering which he had endured for months and years rose up at once in his mind, and that he conceived that he should obtain peace by killing him.'"

M'Naughten was consigned to Bethlehem Hospital. After seven years of detention he was thus described by a visitor: "He appeared about forty years old, in perfect health, features regular, their expression mild and prepossessing. His countenance seemed certainly to exhibit a feeble intellect, shown chiefly by a faint, flickering smile, even when he was speaking on the gravest subjects. He had tried to starve himself two or three years before, and had been supported by food given through the stomach pump. He complained of being uncomfortable and ill-used, wishing he could get away from this place. He had, at least, become imbecile, if he had not at the time of his trial been really insane."

The public had not expected his acquittal, and it was said that there must be some unaccountable defect in the criminal law. It was even proposed in Parliament to abolish the plea of insanity in cases of murder in all cases in which the person accused was not notoriously known and reputed to be a maniac.

Lord Campbell, in the House of Lords, said: "It was monstrous to think that society should be exposed to the dreadful dangers to which it is at present liable from persons in that state of mind going at large." On motion of Lord Chancellor Lyndhurst, the judges were called upon to declare the true state of the law on the following questions:

Question I.—"What is the law respecting alleged crimes committed by persons afflicted with insane delusion, in respect to a case where, at the time of committing the alleged crime, the person knew he was acting contrary to law, but did the act complained of with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or injury, or of producing some public benefit?"

Answer.—"Assuming that your Lordship's inquiries are confined to those persons who labor under such partial delusion only, and are not in other respects insane, we are of the opinion that, notwithstanding the party did the act complained of with a view to redressing or revenging some supposed grievance or injury, or of producing some public benefit, he is, nevertheless, punishable according to the nature of the crime committed, if he knew, at the time of committing such crime, that he was acting contrary to the law of the land."

Questions II and III.—"What are the proper questions to be submitted to the jury, when a person alleged to be afflicted with insane delusions respecting one or more particular subjects or persons, is charged with the commission of crime and insanity is set up as a defense?"

"In what terms ought the question to be left to the jury, as to the prisoner's state of mind at the time when the act was committed?"

Answer.—"The jury ought to be told, in all cases, that every man is presumed to be sane, and to possess a sufficient degree of reason to be responsible for his crime, until the contrary be proved to their satisfaction; and that to establish a defense on the ground of insanity, it must be clearly proved that, at the time of the committing of the act, the party accused was laboring under such a defect of reason, from disease of the mind, as not to know the nature and qualily of the act he was doing; or if he did know it, that he did not know he was doing what was wrong. The mode of putting the latter part of the question to the jury on these occasions has generally been, whether the accused, at the time of

doing the act, knew the difference between right and wrong, which mode, though rarely if ever leading to any mistake with the jury, is not, as we conceive, so accurate when put generally and in the abstract, as when put to the party's knowledge of right and wrong, with respect to the very act with which he is charged.

If the question were to be put as to the knowledge of the accused, solely and exclusively with reference to the law of the land, it might tend to confound the jury, by inducing them to believe that an actual knowledge of the law of the land was essential in order to lead to a conviction, whereas the law is administered upon the principle that every one must be taken conclusively to know it, without proof that he does know it. If the accused was conscious that the act was one which he ought not to do, and if that act was at the same time contrary to the law of the land, he is punishable, and the usual course therefore has been to leave the question to the jury, whether the party accused had a sufficient degree of reason to know that he was doing an act that was wrong. And the course, we think, is correct, accompanied with such observations and explanations as the circumstances of each particular case may require."

Question IV.—"If a person, under an insane delusion as to the existing facts, commits an offense in consequence thereof, is he thereby excused?"

Answer.—"The answer must of course depend on the nature of the delusion, but making the same assumptions that we did before, that he labors under such partial delusion only, and is not in other respects insane, we think he must be considered in the same situation as to responsibility as if the facts with respect to which the delusion exists were real. For example: if, under the influence of his delusion, he supposes another man to be in the act of attempting to take away his life, and he kills that man as he supposes, in self-defense, he would be exempt from punishment. If his delusion were that the deceased had inflicted a serious injury to his character and fortune, and he killed him in revenge for such supposed injury, he would be liable to punishment."

Question V.—"Can a medical man, conversant with the disease of insanity, who never saw the prisoner previous to the trial and the examination of all the witnesses, be asked his opinion as to the state of the prisoner's mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious at the time of doing the act, that he was acting contrary to

law, or whether he was laboring under any and what delusion at the time?"

Answer.—"We think the medical man, under the circumstances supposed can not, in strictness be asked his opinion in the terms above stated: because each of those questions involves the determination of the truth of the facts deposed to, which it is for the jury to decide; and the questions are not mere questions upon a matter of science, in which case such evidence is admissible. But where the facts are admitted or not disputed, and the question becomes substantially one of science only, it may be convenient to allow the question to be put in that general form, though the same cannot be insisted upon as a matter of right."

It was supposed that this authoritative enunciation of the law by the highest authorities to whom the question could be referred, would supersede further legislation; but some authors were not quite satisfied with it. Mr. Taylor has said:* "The law here appears to look for a conciousness of right and wrong, and a knowledge of the consequences of the act. The legal test is insufficient for the purpose intended; it cannot, in a large majority of cases, enable us to distinguish the insane homicide from the sane criminal. * * * A full consciousness of the illegality or wrongfulness of the act may exist in a man's mind, and yet he may be fairly acquitted on the ground of insanity. * * * There are no certain medical rules whereby homicidal mania may be detected. Each case must be determined by the circumstances attending it; but the true test for irresponsibility in these ambiguous cases, appears to be, whether the individual at the time of committing the act, had or had not a sufficient power of control to govern his actions. If from circumstances, it can be inferred that he had this power, he should be made responsible, and rendered liable to punishment. If, however, he was led to the perpetration of the act by an uncontrollable impulse, whether accompanied by deliberation or not, then he is entitled to an acquittal as an irresponsible agent.†

5. *Case of Robert Pate—Uncontrollable Impulse.*—This man, late of the 10th Hussars, suddenly struck Queen Victoria on the forehead with his cane, July 27th, 1849. The blood flowed from the injury; the perpetrator was arrested, but could give no account of his conduct or any reason for it. He was arraigned at the Old

* Medical Jurisprudence, 3d Edition, p. 794.

† Taylor, p. 798.

Bailey, July 12th. The indictment charged him with striking the Queen with an offensive weapon, with intent to injure her person, to alarm her, and to break the public peace. The defense set up for him was simply "uncontrollable impulse."

Physicians were called to explain the prisoner's conduct. One thought the man had acted under some strange and sudden impulse, which he was quite unable to control; another was confident the prisoner was insane.

The judge, Baron Alderson, disregarding the opinions of the medical witnesses, instructed the jury that the prisoner's guilt had been made out on the first and third counts of the indictment. He thus summed up the law on the subject: "The law throws on the prisoner the onus of proving that at the time of committing the offense he was in an unsound state of mind. You must, in the first place, clearly understand that it is not because a man is insane that he is unpunishable; and I must say upon this point, there exists a very grievous delusion in the minds of medical men. The only insanity which excuses a man for his acts, is that species of delusion which conduced to and drove him to commit the act alleged against him. If, for instance, a man being under the delusion that another man would kill him, killed that other for, as he supposed, his own protection, he would be unpunishable for such an act, because it would appear that the act was done under the delusion that he could not protect himself in any other way, and, there the particular description of insanity conduced to the offense. But, on the other hand, if a man has a delusion that his head is made of glass, that will be no excuse for his killing a man. He would know very well that, although his head were made of glass, that was no reason why he should kill another man, and it was a wrong act; and he would be properly subjected to punishment for that act. To acquit on the ground of insanity, they ought to have clear proof of a formed disease existing before the act was committed, and which made the person accused incapable of knowing at the time he did the act, that it was a wrong act for him to do. This is the rule which I shall direct you to be governed by. Try the case by this test: Did this unfortunate gentleman know, at the time, that it was wrong to strike the Queen on the forehead? Now, there is no doubt that he was very eccentric in his conduct, but did that eccentricity disable him from judging whether it was right or wrong to strike the Queen? Is eccentricity to excuse a man for any crime he may afterwards

commit? The prisoner is proved to have been perfectly well aware of what he had done immediately afterwards, and in the interview which he had had since, with one of the medical gentlemen, he admitted that he knew perfectly well what he had done, and ascribed his conduct to some momentary uncontrollable impulse. The law does not acknowledge such an impulse, if the person was aware that it was a wrong act he was about to commit; and he is answerable for the consequences. A man might say he picked a pocket from some uncontrollable impulse, and in that case the law would have an uncontrolled impulse to punish him for it."

After reading the whole evidence, Baron Alderson proceeded:

"That the prisoner is an object of commiseration is quite clear, and that he should also have been taken care of is equally true; but the question you have here to decide is: Are you satisfied that, at the time, he was suffering from disease of the mind which rendered him incapable of judging whether the act he committed towards the Queen was a right or a wrong act for him to do? If you are not satisfied of this fact, you must say that he is guilty; but if you think he was not aware what he was about, or not capable of distinguishing between right and wrong, you will then say he is not guilty, on the ground of insanity."

In the case of a boy, aged twelve years, who had deliberately and cunningly poisoned his aged grandfather, some witnesses called for the defense, had described the accused as acting under uncontrollable impulse.

Baron Rolfe said "such evidence ought to be scanned with very great jealousy and suspicion, because it may tend to the perfect justification of every crime that may be committed. What is the meaning of not being able to resist moral influence? Every crime is committed under an influence of such a description, and the object of the law is to compel persons to control those influences. If it be made an excuse for a person who has been goaded to it by some impulse which medical men may choose to say he could not control, I must declare that such a doctrine is fraught with very great danger to society."

This opinion of the judge prevailed, and the criminal was committed.

American Cases—General summary of Decisions in American Court—Insane Persons—1. *In General.*—Setting aside cases of dementia, or loss of mind and intellect, the true test of insanity is

mental delusion. If a person persistently, and against all evidence and probability, believes supposed facts, which have no real existance except in his perverted imagination, and conducts himself, however logically, upon the assumption of their existence, he is, so far as they are concerned, under a morbid delusion; and delusion in that sense is insanity.

Such a person is essentially mad or insane on those subjects, though on the other subjects he may reason, act and speak like a sensible man.*

2. On questions of testamentary capacity, the courts shall be careful not to confound perverse opinions and unreasonable prejudices with mental alienation. These qualities of mind may exist, even in a high degree; and yet, so far as regards the view which the law takes of the case, the subject may be sane and competent to perform a legal act, and be held responsible for crime, if what constitutes insanity be sufficient to relieve the prisoner from responsibility for the criminal act, as, for example, homicide.†

The Commission.—It is the duty of the solicitor for the petitioner to name a solicitor or counsellor as one of the commissioners; and in cases of importance the commission ought not to act without his presence.‡

The Jurors.—The jurors to try the question of the capacity of a habitual drunkard should be selected by the sheriff. If the commissioners dictate to him in the matter, the proceedings may be set aside. The jury should inspect and examine the lunatic in every case of doubt when possible.

The Finding.—Where the inquisition found that he was of unsound mind, and mentally incapable of managing his affairs, a committee of his estate was appointed. If the jury are not able to go thus far, the committee cannot be appointed.

The finding that the party is incapable of governing himself or managing his affairs in consequence of mental imbecility and weakness, is inconclusive and insufficient. The commission will be discharged when the decision on a feigned issue is in favor of the mental capacity of the alleged lunatic.

Erroneous Finding.—In a clear case of mistake or undue prejudice of the jury, the court may discharge an inquisition of lunacy, upon the mere examination of the supposed lunatic in connection

* Abbot's Digest, Append., 1875, p. 361.

† Willis vs. The People, 22 New York, p. 715.

‡ Abbott, page 401–402.

with the evidence before the jury, but it is improper to do so upon separate affidavits contradicting the finding, where no excuse is given for not having produced the deponents before the jury as witnesses.

Second Inquisition.—The court has power, in the exercise of a sound discretion, to direct the issuing of a new commission, where, from the evidence or otherwise, there is no doubt that the jury must have erred in finding that the party proceeded against was not of unsound mind.

Every person is presumed to be sane till the contrary appears.

The acts of a lunatic before he is found to be insane are not void.

A lunatic is not absolutely disqualified from making a contract.

In order to avoid a deed, entire loss of understanding must be shown. Proof of weak or impaired mind is not enough.

Weak Mind.—The jurisdiction of the court is not restricted to cases of lunacy. When a person from old age, sickness, or other causes, becomes so weak of mind as to be unable to manage his affairs, a commission of the nature of a writ *de lunatico inquirendo* may be awarded.

Where the particular subject of monomania connects itself with the disposition or management of property of the person who is thus afflicted, he is a proper subject of a commission of lunacy.

Incapacity.—It is enough to vest the court with jurisdiction when the jury find that the party is mentally incapable of governing himself or managing his affairs.

The cases from which these notes are collected would only, if given in full, illustrate a few of the many dark problems which have tested the powers of American jurists and physicians. When we seek for general principles we easily find them, and justice, though blind, seems able to hold the scales with an impartial hand. But in the details of individual cases, innumerable perplexities have bewildered the wisest experts.

The court may be impartial and unprejudiced, but lawyers seldom appear to be so; and the medical witness is placed between two fires, neither of which is calculated to aid him in reaching a clear diagnosis of a mysterious case. The whole matter of the law relating to the employment of medical experts, as it has grown up in Europe and America since the middle ages, is unsatisfactory; and reforms are needed which few men feel qualified to propose.

Professor Washburn, of the law school of Harvard University, has suggested to the American Academy of Arts and Science, the

submission of the subject to a committee. This committee has been formed of distinguished men, from whom important innovations are hoped for.

We cannot pursue the subject further here. We may follow the courts of New York through the search after truth in a single case.

Mental Capacity in Relation to Devising Property.—The right of an individual to dispose of the real and personal property he has acquired during a life of industrious effort, is scarcely disputed in our day; but his mental capacity, whatever it may be, is liable to be called in question under one or more of the following circumstances:

I. Is, or was, the person who made the will, by which valuable property is disposed of, mentally qualified to do it wisely and justly?

II. Is the person charged with crime of sound mind and capable of distinguishing right from wrong, and was he, in a legal sense, sane at the time of committing the alleged offense?

III. Is the person who is possessed of valuable effects, capable of so far taking care of and making a right use of the same as to do justice to himself and to those dependent upon him?

IV. Is the person, hitherto innocent of crime, capable of taking due and proper care of himself; and has he sufficient intelligence and *common sense* to justify his friends in permitting him to go at large, without his being likely, through weak, perverted or anywise diseased intellect, to do injury to himself or endanger the safety or happiness of others?

Under each of these headings, many questions are perpetually arising in the courts, and on all of them, as well as the various sub-questions which come up under them, the opinions of medical men will continue to be demanded. The intricate nature of the questions which occur in actual practice, will continue to surprise physicians who have not devoted much time to the study of psychology, as a deep and extensive science. In scarcely any position will they ever be required to know so much, and find themselves compelled to attempt to render their knowledge useful under such disadvantageous circumstances. I refer now to a case of general interest which may illustrate some of the principles involved in the more common cases of medico-legal practice.

I. *The Parish Will Case.*—Mr. Henry Parish, of New York city, at the age of forty-two, married, October 1829, Miss Susan

Delafield, then aged 24. He resided for some years in Barclay street. In 1848 he built a mansion in Union square, at the cost of $112,000. There he resided the remainder of his life.

In 1838, Mr. Parish retired from active commercial pursuits. He soon began to suffer from disease of the eyes; about 1840, he complained of occasional attacks of vertigo, described as apoplectic in character. After two or three of these attacks, when about to sail for Europe, on the 20th of September, 1842, he, with the approval of his attorney, Mr. C. G. Havens, made a will, disposing of his estate, then valued at $700,000.

To his wife he gave real and personal property, including the dwelling house on Barclay street, a store on Pine street, furniture, wines, silver, etc., valued at $331,000.

To his nephew, Henry Parish, he gave real estate valued at $35,000, to a cousin and namesake, real estate valued at $20,000; the son of a former partner, real estate, valued at $5,000; to his two sisters, Miss Ann Parish, an elderly maiden lady, and Mrs. Allen M. Sherman, each $20,000; to an aunt of his wife an annuity valued at $5,000; to each of his five executors, as a personal gift, $10,000. If his estate should be found sufficient, he willed $10,000 to each of his brother's sons, a cousin, to his brothers-in-law, one sister and three sisters-in-law of his wife; these last named bequests amounting to $210,000. He had now disposed of $696,000. Whatever might remain he gave to his two brothers, James and Daniel, who, with his widow and sisters above mentioned, constituted his only heirs-at-law up to the date of his death.

During Mr. Parish's absence in Europe, one or two more of the apoplectic attacks occurred. Dr. Delafield said he had at least heard of one there, which came on in the street when he was about preparing to return home. There was partial insensibility, making it necessary for him to sit down, and perhaps requiring aid to get him to his temporary home. The attack was of the nature of an apoplectic seizure. At one time, when in a bath at Baden Baden, he was suddenly stricken down in the usual apoplectic manner, and was unconscious for a short time. At this time it detained him eight days, during which he wrote home to his brother, dated August 28, 1843.

It was said the baths were too hot, as well as the sun. Mr. Kernochan, a former partner, says this tendency to apoplexy was a family complaint, Mr. Parish's father had died in old age of

apoplexy coming on after an operation for cataract. His sister, Miss Ann Parish, was treated for cataract, and also for paralysis.

On this occasion, Mr. Parish was temporarily relieved by a free bleeding and emetics. He was confined to his room but a few hours, but was kept in the house five or six days. His wife wrote from Dresden, October 27, that she did not think he had ever recovered from this attack. His cheek was sunken and he had then lost much flesh. He returned to America in July, 1844.

In the summer of 1849, Mr. Parish had intermittent fever. On June 2d, he wrote to A. M. Sherman, his brother-in-law, that he had "return of the chills yesterday;" he took cayenne, and hoped to stop it at once.

Dr. Markoe said he found him with fever and ague. His wife often complained of his staying away too late at the club. Before the attack of apoplexy, he was exceedingly affable and courteous. His mind was slow, deliberative, and having made up his mind, he was firm and very decisive. He kept up intimate intercourse with his brother Daniel.

July 19, 1849, seven years after signing the will above mentioned, Mr. Parish had the first attack of well marked apoplexy. Coming into the office of Prime, Ward & King, he became suddenly convulsed and paralytic. He was caught by Mr. Edward Prime, who first saw twitching of his shoulders, and he was in the act of falling. He was then observed to have paralysis. Dr. Van Rensselaer was called: He did not bleed; but Dr. Delafield said any other Doctor would have bled, though Mr. Parish had evidently no blood to lose. He was carried to his house on Union Square, being taken up from the sidewalk to his own room in an easy chair.

After being placed in bed he showed signs of paralysis of the right side. Drs. Delafield and Markoe were with him much of the time, day and night. The paralytic seizure was found to be a hemiplegia, presenting defect of motion but not of sensation in the right arm and leg, and also defective power of the organs of speech. From this he recovered gradually in a day or two. Up to October first he lost flesh, but hopes were entertained of his recovery, though they were never realized. The urethra remained paralyzed longer than other parts. The catheter was used, perhaps a dozen times in all.

October, 1849, Mr. Parish had new symptoms. He had pain in the bowels; frequent and unavailing efforts were made to evacuate

them; retention of urine; offensive evacuations from the bowels. By the middle of October he was much exhausted. Dr. Delafield thought there was an intussusception of the intestine, and sloughing off of a portion of it, and that these symptoms might be caused by efforts to pass enemas into it.*

The Doctor's further testimony shows that Mr. Parish had great apprehension about his eyes; there was inflammation of the lungs; abscess under the jaw; inflammation of the skin of both legs; swelling of the legs; difficulty with the bowels; incontinence of urine, sometimes obstruction. He sometimes had to wear an artificial receptacle for the urine; this was more common than retention.

Natural Evacuations.—These were involuntary evacuations of the bowels and bladder, often when there was no time to wait on him; these often come on while he was sitting at the table, and before he could be got away.

Convulsions.—These began in about 1840. In July, 1849, they began to return at short intervals of from eight days to three weeks. Whether they were of an apoplectic character or not was not well settled. They were preceeded by warnings of irritability. During the paroxysm the convulsed muscles became alternately rigid and then relaxed. After the apoplectic seizure of 1849, Mr. Parish lived for seven years. His general bodily health was restored; his appetite for food unimpaired, and he manifested the liveliest interest in business affairs, but from the time of his first attack he spoke no intelligent word; could never read, write or distinguish one letter or figure from another, though he continued to dictate investments, to change them from time to time, to supervise and correct check-books, and to listen with intelligent interest to the newspapers, making a few signs and sounds by which visitors and his family could partially understand him.

In this condition was Mr. Parish, when just forty days after the first attack he dictated an important codicil to the above mentioned will, the late distinguished lawyer of New York, Daniel Lord, being a witness to the addition then made. Four months later, he re-executed the same codicil, with the same formalities, as evidently intending that it was still his desire to have it carried out.

The will was now essentially changed; Mrs. Parish was to receive the mansion in Union square, a lot and building on Wall

* See Guy's Hospital Reports, Vol. II., 1856, p. 98.

street, valued at $76,000, and the additional furniture, paintings, silver, etc., incident to their improved style of life.

In September, 1853, these devises were renewed to Mrs. Parish, with the large addition of $350,000 in stocks and other securities. The codicil by which this addition was made gave to the American Bible Society, the New York Orphan Asylum, and St. Luke's Hospital $10,000 each, and to the New York Eye Infirmary $20,000. The same codicil revoked the appointment of Mr. Daniel Parish, who had been made executor, but did not revoke that portion which made him a joint devisee with his brother James of the residuary estate.

In less than four months, however, this last clause was revoked by a third and last codicil, and the residue of his estate given to his wife. Three years later, or on March 2, 1856, Mr. Parish died. The progress of his disease, and the manner of his death, throw some light upon his physical and mental states during this period of declining hold on life.

By June 1, 1853, Mr. Parish had attained to general health nearly perfect, continuing, in some respects, to improve till January, 1855. For the next six months he appeared well, though he inclined to sleep.

Disorder of the Right Eye.—Eighteen months or two years before death, he had floating moats visible before the eyes. Dr. Markoe thinks this showed a tendency to amaurotic paralysis of the nerves of vision, producing blindness. Tendencies to structural disease of the eye had long before been seen—at least for two or three years before the attack of 1849; one eye had been long impaired, if not defective from birth; the other became amaurotic. For cataracts of both eyes he was under treatment for about eighteen months or two years. An operation was performed on the left eye with success, and on the right with fair success. His sight still remained not very good through his later years.

For the last year he seemed to fail in general health. Seven weeks before his death he was evidently sinking. The lungs now became the seat of distress, and this continued till within a few hours of death. The last illness occupied in its invasion and course several weeks, but was not considered as serious for more than a fortnight. For the last few weeks his food was not swallowed as soon as masticated. Dr. Taylor, in his testimony on the trial, says: "Mr. Parish was breathing heavily at nine o'clock March 1st, and he died the next morning at four."

There was no post-mortem examination. As the reason for this omission, Dr. Delafield, Mr. Parish's brother-in-law, says: "I knew no useful end that could be gained by it; and further, I did not wish, without a good purpose in view, to wound the feelings of the widow."

Dr. Markoe said that after the death of Mr. Parish he spoke to Dr. Delafield of a post-mortem. The latter stated that the family were opposed to the thing itself, and referred, I think, to the fact that it had never been permitted in his family, owing to this feeling against it.

Mr. Parish was in his sixty-ninth year when he died. He had been married twenty-five years and left no children. Four days after his death, Mr. Joseph Delafield, one of the executors of the will, offered for probate the four instruments above described, as the last will and testament of Henry Parish, merchant.

The will, with its amending codicils, was contested by two opposing parties. 1. The sisters denied the validity of the will on the ground of its revocation by subsequent changes in the estate; and the codicils as being obtained by the widow through fraud and undue influence. 2. The brothers desired to retain the original will, with the residuary clause which had now become highly valuable, the estate having risen one hundred per cent in value; but anxious to defeat the codicils which gave this estate to the widow, they joined with the sisters in declaring that the latter had been obtained through artifice and undue influence after their brother had ceased, through disease, to be capable of judging truly of the effects of his own acts.

The trial of the Parish will case involved the elaborate examination of many witnesses, and occupied the courts of New York nearly two years. A decision was then rendered by the Surrogate of this county, Alexander W. Bradford. He favored the admission of the will and first codicil to probate, but rejected the last two codicils as inoperative on the ground that the testator was mentally disqualified at the time of their execution. The executor and Mrs. Parish appealed to the Supreme Court. In the course of the following year, a decision was given, in which the judges unanimously affirmed the decision of the Surrogate. The case was then carried to the Court of Appeals, where it was argued in January, 1861, and a reargument was ordered for the ensuing summer. During this interval, James Parish, one of the brothers, and the widow died, and both the appeals were revived by the representatives of the respective parties.

In June, 1862, the Court of Appeals, five justices concurring, affirmed the decision below; and the will and first codicil were recorded as the last will and testament of Henry Parish, after a litigation extending over a period of six years.*

Having found some unsatisfactory features in the application of psychological science to the purpose of jurisprudence, it might be proper to propose some measures for removing them. We know but few remedies to offer; we sum them up in two:

I. Let physicians give more time and attention to the study of the human mind in its connection with the human body. We have had good schools of anatomy, and schools of *some* kind for metaphysics. Let them be embraced in one course of study and pursued through all the manifestations of disease, both mental and physical.

II. Let the physician who would become a thorough medical expert, begin anew the study of human nature in all the phases under which it is exhibited in health, in all the specimens of our race with whom he may become acquainted; and if his own organization be favorable for such investigations, he may hope to learn, to estimate each individual more nearly at what he is than ordinary men have yet done; and to discriminate among the totality of the symptoms found in a given case, between those which lie on the right or left side of that narrow line which society must ever draw between the sane and the insane.

ARTICLE LXXVI.

A Contribution to the Study of Human Milk. By T. F. ALLEN, A. M., M. D.

This contribution to the study of human milk is presented as the result of a large number of observations which have been made during several years past; and with the hope that it may furnish some suggestions of practical value in regard to the microscopic examination of milk in health and disease. There are some points concerning the histology, or genesis of milk, to which I shall refer, not perhaps entirely new or original, but which have been for the most part overlooked. I do not propose to enter into any discussion concerning the chemistry nor the best methods

* See "Medical Opinions of the Parish Will Case," New York, 1857, 8 vo., p. 573, containing opinions by John Watson, M. D., Tilden Brown, M. D., M. H. Ranney, M. D., Pliny Earle, M. D., Luther Bell, M. D., I Ray, M. D., and Sir Henry Halford, Bart., M. D.

of substitution of milk, nor consider it from a physiological standpoint as an article of diet, but only investigate two points, namely, its histology and its microscopic appearance in health and disease. These two points (especially the latter), have been strangely overlooked, and I am able to find scarcely anything written upon the subject, either in standard works or in journals; yet it is very essential that a physician should be well acquainted with the microscopic character of milk, just as essential as that he should understand the minute character of urine, or any discharge.

For several years I have been in the habit of examining specimens of human milk with the microscope, and have endeavored from such examinations to base an opinion as to the quality and probable supply. The selection of wet nurses, has, in my practice, been dependent upon such observations, combined, of course, with a general physical examination. The recommendation to supply artificial food, or to provide another nurse for a child, depends upon the detection of a poor quality of mother's milk, or may, on the other hand, determine that the trouble is with the child and not the milk.

We shall first consider the *genesis* of milk; and in order to understand this well, it is necessary to say a few words concerning the structure of the mammary gland.

Structure of Mammary Gland.—Milk ducts are developed in the glands of either sex at about an equal rate until the age of puberty, when the developement in the female proceeds at a rapid rate, while in the male it ceases and remains stationary, or the gland atrophies. In the pregnant female an additional stimulus is given to development, and the gland is perfected. Previous to pregnancy the milk ducts radiate from the nipple, are nearly uniform in size, and terminate in blind slightly dilated extremities; these ducts at no time anastomose. During pregnancy blind dilatations, like pouches, are formed along the ducts and at the extremities; several pouches being frequently clustered like bunches of grapes; the gland divides into septate lobes, and becomes of a yellowish color instead of a whitish red. There is a large sac-like dilatation formed just behind the nipple, where several ducts meet, which is called the *sinus ductuum lactiferorum*, which may attain a diameter of eight millimeters. This sac becomes filled with milk, which, when pressed by the child or otherwise, is forced through the sphincter muscle of the nipple, which in turn closes while the sac is again filled. The milk ducts are

lined by cylindrical epithelium which rests upon a thin layer of connective tissue, in which are found the capillaries, and also *circular elastic fibres* surrounding the milk ducts.

Development of Milk.—During pregnancy the extension and pouch-like dilatation of the milk ducts furnish a large secreting surface; the epithelial cells are entirely developed and multiplied, crowding each other and possessing numerous nuclei and nucleoli. During the later stage of pregnancy, these epithelial cells are developed so rapidly from the matrix upon which they rest, that the older ones are crowded into the ducts, and if sections are now made, these cells are found lying free, and often filling completely the whole caliber of the milk ducts. (See figure 1.)

Now what is the particular office of these epithelial cells? The position I hold, and which I consider sound, from comparative examinations of these cells and colostrum corpuscles, and also from analogous histological development in other glands, is that *these epithelial cells furnish directly the milk globules;* that within them are developed fat cells in vast numbers; that when turgid and nodular with growing fat cells, before the cell wall is ruptured, we have the colostrum corpuscle, and that when the investing cell wall ruptures, these globules escape of all sizes, and as such are found in the matured milk.

If we examine colostrum (figure 2 is an acurate drawing of the secretion from the breast of a healthy woman in the ninth month of pregnancy). we see first, an unequal diffusion of the globules; they are gathered here and there in little masses; this is owing to the admixture of a secretion of viscid mucus from the ducts which prevents their free and even distribution; secondly, we find large turgid cells (like bladders filled with apples) full of fat cells of different sizes, we also find little groups of cells clustered together, but destitute of an investing membrane, looking as if the membrane had just ruptured. Those large turgid cells are the colostrum corpuscles. The fat within them has developed slowly, so that these cells or corpuscles have been crowded away from the matrix by others growing behind them, before the fat cells within them had increased so as to rupture the investing membrane.

Now when the flow of milk is established, and the development is proceeding at a rapid rate, we do not find these colostrum corpuscles, *because* the fat cells develop so fast within them that the membrane is ruptured before the corpuscle leaves its bed in the

matrix, and hence it is rare to find these corpuscles in ordinary samples of milk; but not long since I had occasion to examine the milk of a woman, applying for a situation as wet nurse, whose general appearance was forbidding; she seemed badly nourished; her chest was emaciated, her pulse rapid, her perspiration strong, in short, she looked scrofulous. I found her milk very thin and containing a few yellowish corpuscles, which I decided to be colostrum. (Figure 4 represents the milk.) Here then was slow and imperfect development of milk. The few small fat cells were very scattered and their edges very thin in appearance.

Figure 3 represents some colostrum corpuscles considerably magnified; having a diameter of the one-thousandth of an inch, of a yellowish color, finely granular and enclosing fat cells.

Having now examined the origin and development of milk, and considered colostrum, so called, let us pass on to the investigation of milk proper, after the secretion is fairly established. There are two practical points to be noticed in the microscopic appearance of milk.

First—The character of the fat cells, "milk globules;" and

Second—The relation between these globules and the fluid portion of the milk, especially referring to the relative quantity.

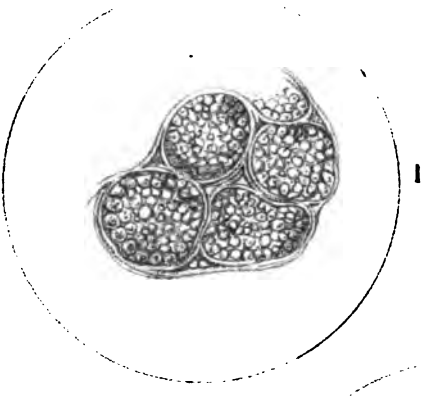
First, then, in regard to the milk globules. They consist of fluid fat enclosed in a cell wall. The existence of the cell wall in the present case, has been a vexed question, and various opinions have been held by different physiologists regarding its presence or its nature. There appears, however, to be little doubt as to its existence; the great diversity in size, and uniform larger size in good healthy milk, seem to point to the supposition that the globules actually increase in size, and that the variation in size cannot be accounted for by the theory of fluid fat in an emulsion appearing as small cohering particles or masses, with a self-condensed coating of casein or other albuminous material. In such a case the size of the globules would vary too greatly in the same specimen or in similar specimens of milk, to assume any regularity; frequently globules of fat would be found of very large size, (I have never met with milk globules exceeding the one-sixteen hundredth of an inch in diameter,) and the shape, now uniformly round, would, were there no investment membrane, assume irregular forms; now it is impossible, by means of the best compressorium, to cause any milk globules to "run," that is, assume any irregular form and lose their round and uniform appearance, but if a little dilute

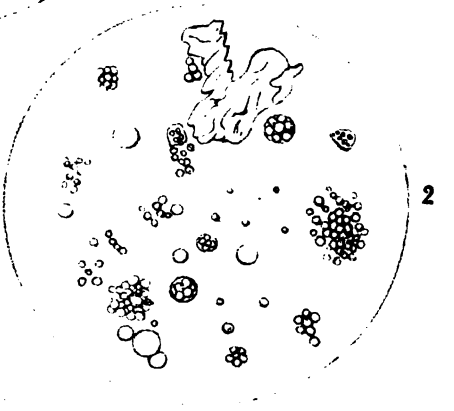
acetic acid be added to the milk, and pressure applied, we shall readily and with the slightest pressure, cause the globules to lose their round form and assume the most irregular shapes; indeed they run together like drops of oil as they now are. This effect is shown in figure 8, which is drawn from nature, and is produced by treating a drop of human milk with a little acetic acid and a particle of ether, and pressing very lightly on the thin covering glass with a needle. Again either may be added to a drop of milk under the microscope, and no change will be perceived; but if acetic acid be previously added, we shall find the globules rapidly vanishing from our sight, fading away as it were, the fat is dissolved; clearly then, it seems as though the acid first dissolved the investing membrane, so giving the ether access to the fat itself.

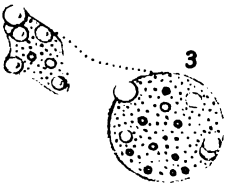
Cream forms upon the milk for the reason, perhaps, that when any emulsion rests quietly the fat rises to the surface, gradually separating from the fluid beneath; but it is also a fact that there is very speedily developed in milk an acid, dilute at first certainly, but becoming more and more concentrated, which acts upon the thin membrane inclosing the fat, finally dissolving it altogether; a very wise provision it appears to me, for if the cell wall were not dissolved we should not obtain *butter*, which is formed by the cohesion of the particles of *free fat*. We all know that warmth promotes the rising of the cream, and to a certain extent hastens butter making, because it favors the development of the acid which dissolves the cell wall, and allows the particles of fat to accumulate. Cold may afterward (in churning) facilitate the hardning of the fat and the collection of the butter into lumps.

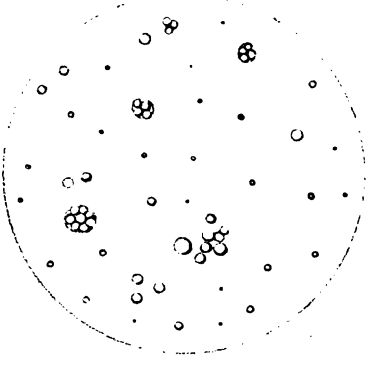
All fat throughout the organism is formed in cells; these cells may be enormously distended when the fat accumulates; upon disappearance of the fat, the cells will contract and shrivel, or more frequently, perhaps, become filled with another fluid, in turn to give place to a renewed formation of fat.

In the human milk the origin of these fat cells seems to be from the colostral cells, and these colostral cells, according to my observations, have their origin in, and are identical with, the matured epithelial cells, which line the walls of the milk ducts. If, now, these epithelial cells exhibit a low vitality and mature slowly, from any cause whatever, the number of globules in the milk will be few as compared with the fluid portion; or if, on the other hand, the stimulus to growth is great, and the nutrition perfect, the









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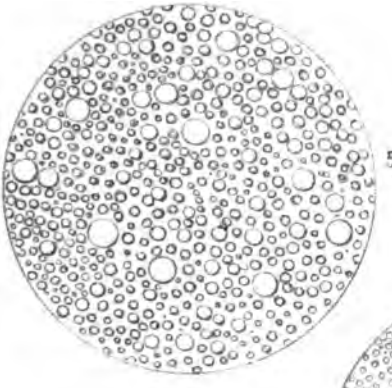

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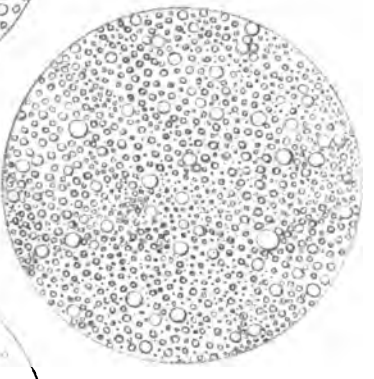

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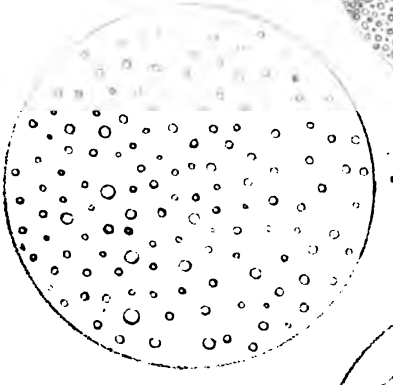

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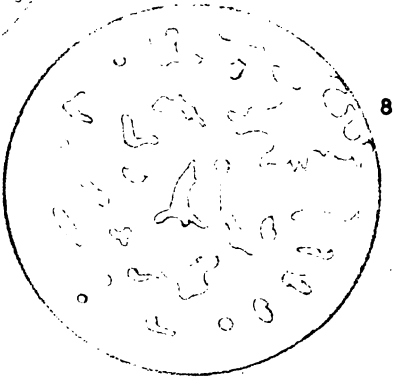

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milk becomes crowded with these globules. There is scarcely any other origin to be given to these corpuscles. Suppose, for argument, that they had their origin in the white corpuscles of the blood, (and we know that these white corpuscles possess the power of migrating from the capillaries and possibly in disease furnishing pus, or in health plastic material,) we should find the blood of nursing women over-crowded with them; now I have repeatedly examined the blood of nursing women, and confidently assert that there is no increase in number of white corpuscles, and that there is no relation in character or in function between the white corpuscles and the colostrum cell. Again there are no fat globules to be found in the blood of nursing women, and the milk globules can not have found their way from the blood vessels into the milk ducts. On the other hand the epithelial cells covering the walls of the milk ducts become rapidly increased and crowded; the surface furnishing these cells is greatly increased during pregnancy by extension and pouch-like dilatation of the ducts, so that the rapid growth of these cells over this extensive surface may be sufficient to furnish milk globules, and probaby this alone.

In regard to the number and size of the milk globules, in a given amount of the fluid, some important observations are to be made; for on these points depends, in a great measure, our determination of the comparative richness of the milk, and its actual power of nourishing the infant. The lactometer has been used for estimating the value of milk by the amount of cream that would form upon its surface; this is a fair and just method of determining the amount of fat in the milk, which fat is usually proportionate to the other elements of nutrition in the fluid; but the use of the lactometer requires delay, and I believe the microscope will give us as correct an estimation of the quantity of fat, and at the same time enable us to judge of the activity of development of the milk. Let us now take a perfectly healthy sample of milk as our standard; (figure 5, plate II.,) a drop is placed upon a glass slide and covered with a square of thin glass; the superfluous fluid is blotted up from the edges of the thin glass, leaving a fair sample quantity to examine. Figure 5 represents, as I have said, the best quality of milk; this was selected as a good average sample, from specimens obtained from a large number of perfectly healthy nursing women; this is drawn from nature; magnified 285 diameters. A few large globules, of the one-sixteen hundredth of an inch in diameter will be noticed, with

varying sizes down to the smallest of the one-six thousandth of an inch in diameter. It is to be noted, that in this specimen there are few very minute globules; by far the largest number having an average size of from one three to four-thousandth of an inch in diameter ($\frac{1}{3000}''$—$\frac{1}{4000}''$.) This at once makes an impression upon the eye of the observer that the milk looks coarser but just as thick as other samples, in fact the globules are crowded in the field of the microscope, though but a film of milk lies between the covering glass and the slide. Women are frequently found with a large full breast of milk, apparently, when the milk presents the appearance of figure 6. The difference between figs. 5 and 6 may be a casual one, but it is at once noticeable, and consists in the large number of exceedingly minute globules, with few large ones; the large ones, in this case, having a diameter of one two-thousandth, and the smallest of one-six or eighth thousandth of an inch. This milk was taken from a very fat woman who applied as wet nurse. I found that she had "just kept the milk going" for a few weeks. This sample is not as good as No. 5, but is still good milk, and by cultivation would present in a short time the appearance of No. 5; the average size of the globules would increase. While writing this article, I am brought (by Dr. Wetmore) a sample of milk from a healthy primipara, whose child is ten days old; the breasts are small but well formed; the child nurses but is not satisfied, and in addition must be fed from the bottle; apparently there is trouble from deficient quantity rather than from poor quality of the milk; she imagines the supply is increasing. Under the microscope the milk presents precisely the characteristics of No. 6, the milk is thick, of good color, with plenty of fat globules, but they are small; the field is over-crowded with hosts of *minute* globules, while the larger ones are few, and not as large as the largest in No. 5. This is a case in point, the milk is developing and the secretion not fully matured.

A woman badly nourished, who has an insufficient supply of thin watery milk, will furnish a sample like number 7; no large globules, comparatively few globules in a given space; such milk will not nourish an infant, and no nurse should be engaged whose milk presents this appearance, no matter how large the quantity may be. Number 4, to which reference has been made, is a rare sample—poor thin milk with yellowish colostrum corpuscles, from a woman with a thin scrawny chest, flabby breasts,

strong perspiration, and decided scrofulous look. It is well known that milk presents different characters, according to the time when drawn from the breast, at first thin, at last when the breast is nearly empty, becoming thick and rich. This is owing to the quantity of the fluid constituents, which rush on through the ducts, washing the globules along, and leaving the breast first. This "rushing in of the milk," as it is termed by women, is a very remarkable phenomenon; it is described as a "prickling," or a kind of "rapid straining of fluid through a fine sieve." It is well known that the secretion of milk is very easily affected by mental emotions; sudden grief or excessive anger may cause an entire suppression, or the crying of the infant may seem to suddenly promote it. Children will often nibble at the nipple till the "rushing in" makes nursing easy. Henle, in his "*Handbuch der Anatomie*," says "the rushing in of the milk is due to a sudden congestive increase of the secretion." This statement is certainly true, but very vague and susceptible of a more definite explanation, namely, that there is an actual filtration of the fluid constituents from the blood. The milk ducts were already filled and crowded with corpuscles, that had increased constantly, and rapidly, since the previous nursing, these corpuscles will not leave the ducts, except when washed along by the current every where rushing in from the surrounding capillaries. This rushing in may be very gradual, and not instantaneous, distending the gland slowly and almost imperceptibly.

In conclusion, I would say that this article has been prepared with full knowledge of its incompleteness, but with the desire that it may elicit observations, *pro* or *con*, in this too much neglected field of scientific inquiry.

Explanation of Figures.

Figure 1 represents a section of the milk ducts, where dilated, of a nursing woman, showing the epithelial cells lining the walls, and also these detached cells occupying and partly filling the caliber of these ducts. Taken from Henle's "*Handbuch der Anatomie; Eingeweidelehre.*"

Figure 2 represents the mannuary secretion of a woman in the ninth month of pregnancy, showing some colostrum corpuscles, and by accident a large epidermic scale from the nipple.

Figure 3 represents magnified colostrum corpuscles.

Figure 4 represents an exceedingly degenerate specimen of

milk, from a scrofulous nurse; and contains some colostrum corpuscles.

Figure 5 represents perfectly good milk; the average size of the globules large, averaging $\frac{1}{3500}$ of an inch in diameter.

Figure 6 represents good milk, but not in a state of rapid development; the average size of the globules is less than in number 5, being $\frac{1}{6000}$ of an inch.

Figure 7 represents very poor thin milk.

Figure 8 represents the appearance of a drop of milk after the addition of acetic acid, which dissolves the cell wall, and allows the fat globules to run together.

ARTICLE LXXVII.

A Brief History of the Homœopathic Materia Medica. By SAMUEL BANCROFT BARLOW, M. D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College.

The Homœopathic Materia Medica now stands before the world peerless; the noblest monument of human perseverance and discriminative skill which has been permitted to cheer the heart of man hitherto—having for its sole and only object the good, the highest, holiest good of mortals. It may well lay most righteous claim to the highest commendation (adoration?) of the race, and challenge almost an equality of bounteous thanksgiving from mankind, which has hitherto been awarded to the system of healing designed to elevate man from the ruin and degradation of moral delinquency, and place him on a plane "a little lower than the angels." Being yet in its infancy, and measuring its existence by a few decades of years—a period only equal to the common allotment of human life—it has already attained a growth, a perfection, and a usefulness which might put to shame the votaries and advocates, the panegyrists and apologists of its myriad-yeared brethren of other schools, which are but the shapeless, arbitrary, ill-assorted, and cumbrous accumulations of many centuries; while this, in all its useful freshness and growing vigor, based on a law of Nature as old as Nature herself, and as lasting as the Almighty Author of Nature's laws, can, with all propriety, boast of a symmetry and power for good in its growing perfections and in its adaptation for the relief of suffering humanity, which would be but the display of mockery and absurdity, when predicated of any other system or collection of the apparatus of the healing art.

Already can it display, with well-earned merit, an *apparatus medicaminum*, which, founded, as it is, on an unswerving and unalterable law of the universe of matter; which can lay just claim to immortality, and which time, which ever has and ever will displace other arbitrary systems, will never be able to abrogate or overturn.

It is based deep down upon such everlasting foundations as gives it a claim to remain as long as time and the existence of man and disease—as the manifestation of violated laws of health shall be found upon the earth, and shall usher in the glad day when man and earth, rejuvenated, shall banish pain, sickness, and death from this fair heritage of God.

In 1786, Samuel Hahnemann, a true seer, discovered the connection between the pathopoietic and the therapeutic action of drugs upon the human body, and thus laid the foundation of a method of curing disease as simple and as efficacious as it is safe, pleasant, and beneficent; for the first time, in the lengthened roll of centuries, replacing the old, insecure, and often dangerous and hurtful Galenic method by one whose beneficence, safety, and efficacy will ever be the theme of praise of mankind, and whose dangers man will never record, for the reason that they will never be discovered.

In 1790, Hahnemann first promulgated to the world the truth of the discovery he had made in 1786. As a result of this publication by the master physician of the eighteenth century, the world of medicine was moved to its centre; the good were struck with awe and admiration, the bad with astonishment, culminating in opposition, detraction, persecution and revenge.

The good man was unmoved bp the clamors and persecution of his less humane and amiable brethren, but went forward by the command of a divinity within him, enlarging his views, perfecting his beneficent improvements, calling and electing his friends, converts and collaborateurs in the the noble enterprise of disenthralling his race from the shackles of a tyranny which had held the medical world in uninterrupted and almost unquestioned sway for twenty-five centuries; himself unmindful of toil, of suffering, of opposition, of calumny and of ignominy at the hands of his professional brethren, if so he might press forward to the finishing of his task, which was to render his name immortal as one of mankind's greatest benefactors, and which was to eventuate in the disarming of all the most dreaded and fatal diseases of half their

malignity and terror in his own day; and finally to prepare mankind for an earthly life measurably devoid of disease and suffering.

In all these labors of love, the noble band of friends who clung around him, converts to his doctrines, and whom he had electrified with the holy fire of his genius, were greatly useful in carrying forward the provings of drugs upon the healthy; and the names of Boënninghausen, Stapf, Noack, Trinks, Hartman, Rückert, Hering, Kurtz, Haynel, Roth, Schroën, Attomyr, Mueller, Mayerhofer, Griessclick, Gross, and many others, will go down to an immortality in praise, while their provings to this day stand as monuments of their perseverance, and furnishing models of perfection which have not, as yet, and peradventure never will be, surpassed in excellence.

In 1801, Hahnemann published a work on the efficacy of small doses of medicine, and of belladonna in particular. The minute dose of the truly homœopathic drug is a necessary and imperative corollary of the fact that like cures like, and that the sick organism has its susceptibilities enormously exalted as toward all agencies and instrumentalities possessing the attribute of similarity to the morbific cause.

The question of the dose can never be settled by dogmatism, even in its profoundest and purest formal utterances, so long as a multitude of causes are existent and operative in human bodies, rendering some more, and others less susceptible to drug action. Those causes and their resultant differences, call them constitutional, idiosyncratic, or by whatever other name you please, will and must remain so long as time lasts, and man remains a *nidus* for the existence of either transient or permanent miasmata, of a personal, or of a more general origin.

We can never too much admire the acuteness of Hahnemann's genius, who lead him thus early, and as it were at the very initiatory period of his greatest of all medical discoveries, to apprehend the corollary of the smallest doses being able to cure diseases.

In 1805 he published a tractate of a "new system of medicine," based upon pure experience; and about the same time another and very learned disquisition upon the utter, palpable and fundamental, or radical insufficiency of all precedent systems.

These two last named publications were written with a force and power utterly unanswerable. They were, really, mighty helps in preparing the public mind of European communities for the reception of a system, which he had now began to see was destined

in time to revolutionize the world of medicine and ultimately to become universal.

This same year, 1805, was signalized as an era in Hahnemann's life by the publication, at Leipzic, of his "*Fragmenta de viribus medicamentorum positivis sive in sano corpore humano observatis.*" This may be called the first work really pertaining to a new and truly rational materia medica, which the world had then been permitted to see. It was a most worthy commencement of a work, which now, however much sneered at and derided by interested bigots and charlatanic knaves, stands a monument worthy of the admiration, the honors and the suffrages of the scientific world.

In 1810, Hahnemann gave to the world his "New Organon of the Healing Art," the very grammar of rational medicine; a gospel of the healing art, which the sophistry and the malice of all the opposers of homœopathy have never been able to invalidate, or even to loosen one stone of its foundation.

The great work, the immortal conception of a gigantic mind, was now to be ushered in for the benefit of earth's millions in all future ages. I alluded, of course, to the *Materia Medica Pura* of Hahnemann, in six volumes; the publication of which was commenced in 1811, and completed in 1820. Incomplete in its first issue of course, from the provings (*probata*) which were to complement its deficiencies were still being carried on by Hahnemann and his co-workers, both in the profession and among the laity. Yet even in its pristine condition it evinced a skill and order of arrangement, which, imperfect as it was, yet filled and satisfied the demands of science urged in favor of the new and improved *methodus medendi.*

The Vienna provers executed some really able scientific work in the way of provings of new drugs and reprovings of old ones, some of which were truly exhaustive and which will stand as models for all future time, and will ever be looked upon as monuments of the skill, perseverance and self-devotion of those earnest, true men and disciples of the great master. Their labors were recorded in Staff's "Archiv," and I believe from 1822 to 1840, or later, a proving of thuja, done by the Viennese workers, was a truly herculean work, which developed powers and capabilities in that drug, which the heart of man could never before have conceived of. All honor to these glorious creators of medical knowledge, the elements of which had lain hidden from the foundation of the world!

In 1830, Dr. Wesselhoeft practiced *in modo Hahnemanni*, among the Moravian brethern in Pennsylvania, and was instrumental in instituting a homœopathic association which bore the title of "The Northampton Homœopathic Society." Up to this time, and for six to eight years later, to wit: to about 1836 or 1838, there were no books of note on the science of homœopathy in an English dress, and the votaries of the system were obliged to depend upon a knowledge of German for what they wished to learn of its value and uses. To most Americans, that language was all "High Dutch," and the study was truly a "pursuit of knowledge under difficulties." Some few mastered the German sufficiently to enable them to consult the Materia Medica Pura in that language, while others used what could be found on the subject in the French language, while many more had not been able to make progress in the "New Gospel of Healing," until the Organon and Jahr's Manuel were published in English, which was done about this period.

This is the proper place to mention the work of Dr. Hering on serpent poisons, which was published in 1834, entitled "*Wirkungen d'Schlangengiftes*," a work which embraces an amount of information on a most interesting subject, for which the profession will be ever thankful in the greatest degree.

His proving of lachesis has furnished the profession with one of the most potent remedies we possess, and an abundant use of the article for more than thirty years past, has fully confirmed in my mind, the fact that that proving was an exhaustive and most reliable one. It has often been found adapted to symptoms and groups, for which without it, I could have found no reliable remedy. Great honor is certainly due to Dr. Hering for his many valuable contributions to the materia medica of our school.

In May, 1835, at a meeting of homœopathic physicians at Allentown, Pa., it was resolved to establish a Hospital and School of Homœopathy. In pursuance of that resolution the "National Academy of Homœopathy" was chartered by the legislature of Pennsylvania, February 25th, 1836. Dr. Constantine Hering, a veteran pioneer of homœopathy in America, having arrived in this country, at Philadelphia, *circa* 1833, was elected its first President.

The fruits of this enterprise were soon seen, for in 1836 was issued from the Academy press, in Allentown, the first American edition of the Organon in English, from the British translation of the fourth German, with improvements from the fifth German

edition. In the same year, 1836, was also published, "G. H. G. Jahr's Manuel of Homœopathic Medicine," translated from the German with improvements and additions, by C. Hering, M. D., in two volumes: Allentown, Pa., at the Academical book store, 1836.

The nearly simultaneous appearance of these two most indispensable works in the English tongue, was a perfect God-send to such American physicians as were unable to read them in German, and gave an impetus to the study, adoption and practice of homœopathy which could not be successfully resisted.

The old, proud, haughty, dominant school of medicine was surprised. Many soon adopted the "New Medicine," whilst many more wearied themselves and all their friends in fruitless endeavors to brush it away by arguments, or by endeavors to hoodwink and deceive their fellow citizens by a stupendously concoived system of mendacity.

Those efforts and attempts to disparage the new science met with signal failure. The new system grew, spread and strengthened itself by patient, honorable development, going on from year to year, ever increasing in the popular favor and adoption, until it has become a power in the earth, asking but a fair field and no favors. All honor to the noble spirit which animated the academic corporation at Allentown, and gave to Americans the then much needed facilities for the acquisitiou of the knowledge of a rational system of medicine.

Soon, in 1838, followed a "Repertorium," or G. H. G. Jahr's "Manual of Homœopathic Medicine," translated from the German by authority of the "North American Academy of the Homœopathic Healing Art," with an introduction and some additions by C. Hering, M. D., Allentown, at the Academical book-store, 1838.

This was a noble offering in aid of the American practitioners, such an aid, indeed, as they can never sufficiently appreciate, who enter the ranks of homœopathy at any period since the issue of that work.

The physicians of those days supposed they had reached the *ne plus ultra* in the way of a help and guide, and scarcely permitted themselves to wish or to hope for any greater. By its help it was now quite feasible for the earnest student to select remedies by the strict rules of art for the majority of his cases.

But the American mind, ever more active, persevering and

inventive than that of other countries, rested not until "Jahr's Manual," under the editorial hand of the late much lamented Hull, was issued from the New York press, in two volumes, 8 vo., in 1841 and '42. This was the crowning glory of the literature of homœopathic medicine in America, and although not without imperfections, it will hardly be denied that the aspirations of eager learners scarcely dared to desire, or to conceive of, anything superior to those magical volumes. Since that period, however, the literature of homœopathy has increased with such a flood-like rapidity, that the most studious among us have hardly been able to keep pace in their reading with the issues from the press.

Although this literature embraces works in all the departments of homœopathy, yet the department of materia medica can fairly boast of its full share of works devoted to it. Since 1842, Hull's "Jahr's Manual" has passed through many editions, with notes, emendations, improvements, additions, and corrections, by a considerable number of editors; and notwithstanding the frequent issue of elaborate and costly works on the materia medica, all of which have much and peculiar merit, this cannot fail to be and remain one of the most cherished of the standard works of reference to the homœopathic practitioner, perhaps for decades or centuries to come.

The Materia Medica, of Teste, though never completed, has points of excellence which were not found in such as preceded it, and if some able hand shall, at some future day, perform the important duty of supplementing and completing the work of Teste, his labors will be blessed to the latest generations.

The "Symptomen Codex," of Jahr, is an immense storehouse of symptomatology, with not an inconsiderable amount of physiological and pathological information, which will forever endear it to the student and the practitioner.

I shall do injustice were I to omit the most honorable mention of "Hempel's Lectures on the Materia Medica;" a work conceived in a truly scientific spirit and carried out with an ability which does its truly devoted author immense credit as an operator in a scientific field, which is too apt to be found sterile and uninteresting, but which he has the rare merit to have handled in a way which will ever render it one of the most endearing and truly welcome works for the studious cultivator of our science which has yet been born of the press of this or any other land.

In 1846, a little band of workers under the guidance of the

late Benjamin F. Joslin, M. D., made a proving of rhus radicans, which was so far complele as to enable the profession to avail themselves of its useful properties in a multitude of cases with much benefit.

The scientific arrangement of the material thus obtained was performed by Dr. Joslin, in that careful and precise manner which was characteristic of every thing done by him. His mind was of that accurate, methodical and mathematical order, as would ensure the greatest completeness and usefulness in the work. The mind of our friend, Dr. Joslin, was trained and schooled in studies thoroughly calculated to beget the most critical accuracy in whatever scientific labors he might be called to perform.

A large number of provings of various extent and merit, from those of a slight and imperfect character up to such as were more or less completely exhaustive in character, by individuals, both in America and Europe, are to be found in the various reviews, journals and other periodical publications devoted to the interests of our school, and in many instances, those short and fragmentary provings have given to the profession valuable hints and aids in the treatment of a wide range of morbid affections.

A case in point occurs at this moment to my mind, viz: the proving of cactus grandiflorus, by Dr. Rubini, of Italy. Similar cases are numerous and scattered through the journals for many years past.

For two decades of years past, the labors performed in behalf of the improvement of our materia medica have had their full share of promotion at the hands of the physicians of America; a fact worthy of honorable mention at least, when it is considered that ours is a new country and that but little more than one-third of a century has elapsed since the introduction of homœopathy into America.

The new provings of Prof. Hale possess many points of merit, and seem destined to become a favorite with the profession; yet I have found it not a light work to teach the student and young practitioner how to use the facts and information with which the work is filled to repletion in a truly homœopathic mode.

Doubtless, time, with the transforming hand of its really industrious and ingenious compiler, will render it, in future editions, which are certain to be called for, a work of absolute necessity to the physician, and enable it to achieve an immortality, with a fame sufficient to satisfy the desires of the most ardent mind.

Since the above was written, a second edition has been called for and published, much enlarged in matter and not less improved in manner than its increased size should seem to call for.

The very elaborate, accurate and costly works of Professors Lippe and Gross, both of which are designed to facilitate the acquisition of a truly accurate diagnostic of the materia medica, are, though well designed, yet in some material respects, imperfect, and falling much short of that usefulness and excellence which their authors intended them to reach; still, are works which do unspeakable honor to their authors and compilers, and will soon be found indispensable helps to the student, even if he has possessed himself of most of what has worthily preceded their advent.

Both these works may reasonably lay claim to the honor of being the most truly philosophical treatises which have as yet ever issued from the press in any age or any country, on any subject of so difficult, intricate, critical and abstruse a matter as is the attempt to simplify and systematize the wayward, multitudinous symptomatology of our materia medica.

In 1849 was published, in French, a 12mo. volume of 150 pages or more, of provings by members of our school in Brazil. In 1854 it was republished in Spanish. The same work was again republished in an English dress, in New York, in 1859. It is every way a creditable production, both in its scientific contents and in its manner of handling or arrangement. Many of the articles whose pathogenesis is therein given are really of great power and value, and on the whole it forms a valuable contribution to our store of instruments of art.

In 1853 the American Institute of Homœopathy published at Philadelphia a 12mo. volume of 300 pages, of American provings of a reliable character, which is well arranged and is a valuable contribution to the literature of our materia medica, and has proven itself of great use in the hands of the profession.

A work in two volumes, the first of which has been published in London by Turner & Co., during 1867, on the materia medica, written by Richard Hughes, M. D., gives promise of rare usefulness to the student and young practitioner, and is written in a style so simple and pleasing as must inevitably render it a favorite with all classes of the fraternity of homœopathists. I know no work in our literature of homœopathy so calculated to obtain a universal popularity as it. Students will read it with a zest such

as is manifested by the young in reading Robinson Crusoe or Gulliver's Travels.*

The great and pressing want with us now is some new, improved and better mode than any hitherto made known to us, for studying the materia medica, which shall render the acquisition of a competent knowledge of it for practical purposes, more facile and less laborious and irksome than any method hitherto practiced.

Very many plans and methods have been from time to time devised and promulgated, some of which were really ingenious and useful; still, a better plan is yet a desideratum.

Knowing well the character of the American mind, I deem it not too much to hope and expect that some ingenious and fortunate individual will yet, and possibly before the lapse of many years, strike out some new and truly effective method, which shall confer immortality upon his name and procure for him the endless benedictions of all homœopathists.

We cannot know who the fortunate individual may be, but the prize thus to be won ought to and will stimulate the inventive genius of every true lover of the science until the wished-for result is reached and perfected. In the bright future, when years and centuries and ages shall have come and gone, bidding a mute adieu to earth's millions; when better governments and better laws shall have replaced those that now are essentially vicious; when the laws of health shall have become perfectly understood, and their adoption and observance shall have become the rule as now they are the exception; when all the cognate branches of the science of medicine shall have been improved to their status of possible perfection; when, as a corollary of the better condition of the physical man, his mental and moral *status* shall have evinced an approximation toward the angelic state, what may we not—what should we not expect from our ever-growing, ever-perfecting materia medica? What, but the rescuing of the race of man from most of the moral and physical evils, which now seem his inheritance, and which now beset him with such demoniac force and malignity? What, but the reproduction of the "Golden Age," when the lives of men shall be measured by centuries as now by decades and lustrals? When sages, and seers, and poets, and prophets shall sing the happiness of the race in Arcadian vales, and

* The work of Dr. Hughes (1st volume) has been reprinted by Mr. Radde, of New York, with the addition of a full and complete index, which was a desideratum in the English edition.

man, regenerated and rejuvenated, once more enjoy the felicities and glories of the primeval age.

NOTE.—I have not the vanity to think, for a moment, that the estimate I have formed in the preceding essay of the value of the labors of the several persons I have therein spoken of will be universally, even if generally, approved. I am too painfully aware to conceal the fact, that there are some, perhaps many, who are disposed to depreciate the labors of all our writers; to belittle, in fact, the labors and productions of such men as Hering, Hull, Lippe, Gross, Hempel, Hale, and many others in our own country, to say nothing of European authors.

But believing, as I do, that all the writers named, and many others, had no wish, design, or intention but to promote the sacred cause of homœopathy by their labors, I am bound to accept the results for what they were intended, however short they may have fallen of the mark they aimed at; and although much of what we have from our best writers is greatly imperfect, yet it is all worthy of honorable mention, and as it is not in my nature to "damn with faint praise," all I can say is that the estimate I have given of the men spoken of, and of their labors, is my own, given to please nobody but myself. Nor do I desire to displease any one. The value I have expressed as attaching to the work of any and all men, is such as I believe will be found ultimately to be sanctioned by time and experience, which are ever "the great touchstone" of truth, when applied to the labors of mortals.

ARTICLE LXXVIII.

Thermometrical Phenomena in Disease. By JOHN J. MITCHELL, M. D., of New York.

Among the many mechanical contrivances, having for their object accuracy in diagnosis and certainty in prognosticating the result of disease, perhaps none promises to be of more general application or of greater usefulness than the thermometer. Although it has been employed for years by the physiologists, and its indications noted in many conditions of the body, yet anything like a systematic study of its teachings, has been but recently undertaken.

For our present knowledge of the thermometrical indications in disease, we are principally indebted to Wunderlich of Germany,

Ringer and Aitkin of England, Compton of Dublin, Flint and Dacosta of our own country.

In presenting to the Society an abstract of the experience of the profession upon this subject, I shall be obliged to avail myself of the investigations of these careful observers, being able to add the personal observation of a few months only.

It has long been well known that the temperature of the body varies quite sensibly in disease, but it is only recently that the fact has been revealed that the amount of this variation is a more constant and reliable indication as to the character of the disease, and the progress it is making than the pulse of the patient, and with the general symptoms, giving us data upon which to found a prognosis far more accurate than it would be possible for us to form without it. It frequently enables us to decide upon the existence or non-existence of a particular disease hours before the rational symptoms and the physical signs would enable us so to do.

A thermometer for chemical observations should have its stem bent to an obtuse angle, so that the bulb may be conveniently placed within the axilla, (the seturation best adapted to the purpose,) with the face of the ivory index directed forward. A self-registering instrument is convenient, but not necessary. The range of the thermometer should be taken twice daily, between the hours of 7 and 9 A.M., and about 7 P.M. It will be necessary for it to remain "*in situ*" for about five minutes, or until the mercury ceases to ascend.

Beginning our investigations with the study of the normal temperature of the body, we find that it varies according to the age. It is but very slightly affected by the thermal condition of the atmosphere. It is lowered by sleep, a full meal, or the use of alcohol, but it is slightly elevated by the completion of the digestive forces. At birth it will usually be about 100°. Fahrenheit. It falls rapidly to 95.5°, but during the course of the first 24 hours rises to about 98.5°. Between the ages of four and six it ranges about 99°; between six and fourteen, 99.2°. In the adult, from 97.6° to 98.4°.

In general terms, for the purpose of our investigation, it will be safe to put the normal temperature of the child before ten years of age at 99°, and the temperature of the adult at 98°. The variation of a single degree, either above or below this standard is, in the vast majority of cases, indication of disease, and this more or less acute according to the amount of the varia-

tion and the characteristics of the attack. It has been asserted that an increase of ten in the number of the cardiac pulsations will correspond to an increase of one degree in the temperature. But this rule is subject to so many variations as to be of no avail in practice.

Among the cases of unusual variation and contrariety between the pulse and the thermometer, the following have been gleaned from the records of European observers:

Typhoid with pulse.....	105	Thermometer.....	105.6°
Typhoid with pulse.....	120	do	100.4°
Jaundice with pulse.....	58	do	103°
Rheumatism with pulse....	80	do	103.5°
Peritonitis with pulse	80	do	102.2°
Tetanus with pulse.....	72	do	104°
After operations with pulse,	120	do	98.5°

If any should have failed to consider the subject of thermometry in diagnosis, it may not at once seem clear to them that the noting of so slight a variation can be of any practical application; but careful consideration will convince them, we think, that in very many cases requiring acute discrimination, we may, by the aid of the thermometer, so exclude the similar diseases as to render our diagnosis almost certain. We would here hastily refer to a few of those diseases, which by the unwary practitioner might be mistaken, the one for the other, and we think a mere reference to them will convince that if we were able to exclude inflammatory action, either general or local, a diagnosis would be comparatively easy. This the thermometer generally enables us to do.

Pleurodynia may at times be mistaken for pleurisy, but if the temperature of the body is not above 98.5°, the maximum of health, we may be certain the disease we have encountered is not pleurisy. Peritonitis and a hyperæsthesia of the abdominal walls are, in a like manner, distinguished by an abnormal or a normal temperature respectively.

Pneumonia may be simulated by hysteria, and in the early stage of the disease, when the physical signs would naturally be absent or marked, the diagnosis may be far from easy, but the thermometer is the unerring guide in such a case, that even the will of woman cannot falsify.

Prof. Austin Flint, in the N. Y. Medical Journal for November, 1866, narrates the following case: A young German emigrant

was admitted into the hospital with vomiting and diarrhœa, and no previous history was obtained. The dejections were not choleraic, and both diarrhœa and vomiting were promptly arrested. The urine was scanty and not albuminous; the pulse was frequent and feeble; the surface presented marked capillary congestion, and he was greatly prostrated. On the third day he was somnolent, and he gradually became comatose without the occurrence of convulsions. After the coma was developed, he came under my observation, and the diagnostic problem was, whether the coma depended on uræmia, on cerebral meningitis or on typhus fever. Narcotism was excluded, inasmuch as the respirations were not diminished in frequency, and the pupils were not contracted. The symptoms pointed strongly to uræmia, but it was desirable to exclude effectually typhus and meningitis. This was done by the thermometer, which showed the heat of the body to be 97.5°.

The patient succumbed, and the autopsical appearance in connection with the history during life, led to the conclusion that the patient, when admitted into the hospital, was in the stage of reaction after an attack of epidemic cholera.

Dr. Compton, in part 54 of Braithwaite's Retrospect, reports the following: "W. H——, aged 29, a well nourished man, of rather sallow complexion and somewhat excited manner, having an occasional spasmodic way of speaking, complained, on admission into the hospital, of sore throat. Upon examination, both tonsils and the back of the pharynx were seen to be considerably inflamed. He gave an imperfect history of having been ill about a week. This, at first sight, seemed to be merely a somewhat severe case of tonsilitis, and no further examination seemed necessary. The case was left to be made out by the clinical clerk before the visit next day. Finding, however, the man's temperature to be 105.4°, I was interested in the case, and made out on examination, the existence of partial trismus, and that the tongue, when protruded, deviated slightly towards the right side. The prognosis was deemed unfavorable, and the man died within twelve hours of admission, the case being one of septicæmia."

Having thus given an imperfect idea of the importance of their mometric observations in diagnosis, we will proceed to speak of the special diseases, in which its use is most frequently called for.

In the treatment of typhoid and typhus fevers, it will be found useful to the general practitioner. By its aid diagnosis may be assured before the eruption makes its appearance, and by its care-

ful study prognosis is assisted and rendered much more certain. Wunderlich notes the following as the normal course of typhoid:

	Morning. Deg.	Evening. Deg.
1st day	98.5	100.5
2d day	99.5	101.5
3d day	100.5	102.5
4th day	101.5	104
Second half of the week	102	104

The points most worthy of notice in the above record are: 1st. The gradual increase of temperature, during the first week, until the maximum is reached on the evening and morning of the 6th day. 2d. That this maximum is rarely greater than 104°. 3d. The noticeable difference of nearly two degrees between the morning and evening rage.

In strong contrast with this disease, typhus has a sudden rise of temperature, often reaching a high degree, generally 104°, frequently to 107°. In typhus we also find the pulse and temperature rising simultaneously, and so rapidly that even on the 2d day the thermometer frequently stands as high as 103°, while the average of the 7th day is, pulse 110–140, temperature 104°.

A case in my own practice of typhoid fever, strongly simulating typhus, may assist in presenting the characteristics of the two diseases more clearly.

	MORNING.		EVENING.	
Day.	Pulse.	Temperature. Deg.	Pulse.	Temperature. Deg.
1	---	----	120	100.5
2	120	100.5	124	101.5
3	120	101	126	102.5
4	128	103	128	105
5	130	103¾	128	104
6	128	103	126	104
7	124	102	124	104
8	104	101	112	103
9	98	100	120	102.5
10	108	101½	120	102.5
11	112	101	120	102
12	100	99	120	101

The heat of the body moreover is continuous throughout the day, there being barely one degree of difference between the morn-

ing and evening temperature, even to the middle of the second week.

In typhus the difference is not gradual as in typhoid, but it will frequently exhibit in 36 hours the thermometer at the normal standard.

Briefly then it may be stated that with typhoid symptoms, but a temperature of less than 103.5 degrees on the evening of the fourth or fifth day, the disease is not typhoid fever. If, between the eighth and tenth day, the evening temperature is less than 103 degrees, the disease is not typhoid. If on the first or second day the thermometer exhibits a temperature of 104 degrees, or above, the disease is not typhoid.

Thus we have striking symptoms, proving the existence or non-existence of typhoid fever, sometime in advance of the appearance of characteristic rash between the sixth and twelfth day. In typhoid fever the fluctuations between the morning and evening temperatures become greater near the end of the second week. At this time if the morning temperature is below 102 degrees, even if the evening range is high, the prognosis is favorable. A gradual decrease of the morning temperature is especially favorable. A continuous range as high as 104 degrees represents a disease unfavorable in its prognosis. A daily rise to 105 degrees denotes a disease of marked severity. A daily rise to 106 degrees denotes great danger, while a morning temperature of 104 degrees, and an evening rise of 105 degrees or 106 degrees, should lead us to give a very doubtful prognosis.

Mild attacks should generally end from the 15th to 21st day. Severe attacks may last from 28 days indefinitely. A sudden decrease in the temperature generally precedes intestinal hemorrhage and diarrhœa, while a sudden rise from the current rate of the disease portends the establishment of some intercurrent complication. A temperature of from 106° to 108° in the morning, is given by Wunderlich as the precursor of certain death.

Passing to the diseases of childhood that are more commonly met with, we shall find in scarlet fever facts worthy of consideration. The temperature in this disease is very much elevated, and this elevation is long continued. A case of not unusual severity may present a thermometric range of from 104° to 106° on the second or third day. The fifth day generally determines the acme of the febrile symptoms, thereafter the temperature being subject to but slight variation.

One of the best developed cases of this disease I have met with this year (1867) was in a boy of 12 years. The thermometer was as follows:

	MORNING.		EVENING.	
Days.	Pulse.	Thermometer. Deg.	Pulse.	Thermometer. Deg.
1	120	...	130	103
2	120	102	125	103½
3	125	101	130	102
4	120	101	120	102
5	120	100	...	101
6	115	100.5	...	102
7	120	100	...	101.5
8	112	99.5	...	100.5
9	88	99	...	...

In comparison with scarlet fever, tonsilitis may well be studied. In tonsilitis, the pulse may be about 100, and the average rise of the temperature will be about 100.5°. The normal heat will be regained about the 6th or 7th day of the disease.

During the initial fever of measles the mercury may rise to 103° or 105°, and may remain thus high for 24 hours after the eruption has appeared, but it falls rapidly, so that on the 7th day the disease presents an almost normal temperature. If after this fall, it should again rise, or if, after the appearance of the rash it should continue as high as 104° or 106°, complications of some kind are probably in progress.

Between measles and typhus, a marked distinction is observed upon the sixth day. In the former disease, the pulse and thermometer are falling; in the latter, both are rising.

In small-pox, we meet with the high and peculiar fever, with its intense pains in the back, and a temperature of 106°. This continues until the close of the third day, when the eruptions appear. Defervesence takes place speedily, and by the close of the fifth day the temperature is generally about 100°. Where the secondary fever ensues, there is a rise to 103° or 106°, which is followed by the gradual and often protracted convalescence.

In varioloid, the temperature on the fifth day is about normal, and there is no rise in the thermometer thereafter unless caused by complications.

While speaking of typhoid fever, I might very properly have given the thermometrical indications of that disease which so;

much resembles it, tuberculosis. The observations upon this subject are yet so imperfect that I can but briefly and unsatisfactorily refer to it.

We find the heat of the body continually elevated, and generally it may be observed some weeks prior to our being able to discern the tuberculous deposit. The usual evening temperature is from 102 degrees to 103 degrees, rising at times to 106 degrees. As regards prognosis in phthisis pulmonalis, we shall find that a continued high temperature indicates active disease. A low morning range and considerable evening rise indicate much less activity. If the animal heat becomes normal the deposition has probably ceased. In a case now under treatment, the thermometer rose from 98 degrees to 101½ degrees in two weeks during the first development of the disease. In acute articular rheumatism we often find a very high temperature, frequently ranging from 104 degrees to 110 degrees.

In tubercular meningitis the temperature is largely increased, while in that condition of the stomach and nervous system that so much resembles it, constituting the hydrocephaloid disease of Marshall Hall, we have a normal heat of the body.

In traumatic erysipelas the thermometer frequently rises very high, in slight cases often marking 104 degrees during the first 24 hours, and in the latter part of the disease rising to 107 degrees or 108 degrees.

In a case of facial erysipelas that has lately come under my charge, affecting the nose, both cheeks, and indeed the whole face, except the eyes and forehead, I was enabled to announce the beginning of convalescence on the third day, with a pulse of 118, the temperature having suddenly fallen from about 102 degrees to 98 degrees. The following day proved the prognosis correct.

Dr. Gibson, of the Somerset Hospital, relates a series of cases illustrating the practical application of the thermometer in cases of pneumonia and those which simulate it.

A man 45 years of age, with signs of pneumonic consolidation extending as far upwards as the sixth rib, had a respiratory rate of 32 per minute, yet his temperature was normal.

A woman aged 29, having similar signs, with a pulse of 100 and respiration 32, had a perfectly normal temperature.

A boy, aged 14, in whom the physical signs consisted of slight dullness with feeble bronchial respiration at the base of the lungs, was found to have a temperature of 107 degrees. The doctor very pertinently adds: "How in the first named cases could the absence of pyrexia have been diagnosed, how in the last case could the

impending severity of the attack have been prognosticated without the aid of the thermometer?"

The usual course of temperature in pneumonia is high on the second day, reaching its maximum on the third or fourth, and begins to fall on the seventh or eighth day. If the temperature is higher than 104 degrees a very severe attack is indicated. In cerebro-spinal meningitis there is often a temperature of 106 degreess to 108 degrees without a proportionate increase in the frequency of the cardiac pulsations.

In yellow-fever, the thermometer, in the axilla, often indicates 108 degrees while in the collapse of epidemic cholera it falls to 90 degrees or even 80 degrees. After death, however, frequently rising to 104 degrees. In case of sunstroke it has been observed to rise as high as 112 degrees.

In Bright's disease of the kidneys, the temperature, during the acute stage, ranges from 103 to 105 degrees and continues thus for from three to six days. When the inflammation ceases the temperature becomes normal, though hæmaturia may be observed afterwards.

In cancerous affection the thermometer is slightly raised, marking from 99 degrees to 100 degrees.

The third day before death in a patient with scirrhus uteri, the temperature was 98.8 degrees with a pulse of 130.

A few general remarks in regard to prognosis must bring this article to a close. Generally we may observe a temperature of 101 degrees to 103 degrees is favorable. A rise to 105 degrees or 106 degrees is unfavorable, and a temperature of 108 degrees or 109 degrees is usuallya token of approaching dissolution.

Wunderlich has observed a greater temperature than this, prior to death, in a case of traumatic tetanus, where the mercury rose to 112.5 degrees and after death reached 113.8. degrees.

An equable temperature, morning and evening is unfavorable. A greater temperature in the morning than in the evening is very unfavorable. In the course of any disease, an abnormal or irregular temperature is more to be feared than though it should be unusually high.

The temperature and pulse, taken together, are of greater weight in the prognosis of disease than the other symptoms alone. The temperature falling notably, without a corresponding improvement of the other symptoms, is generally of grave import.

In most diseases, if the morning temperature continues, our prognosis may be favorable, while if the evening temperature is continued, the reverse is the case.

ARTICLE LXXIX.

Prolapsus Uteri. Its Surgical Treatment, by E. F. Hofmann, M. D., of New York.

In addressing the medical profession with regard to the use of any form of mechanical support for the relief of prolapsus uteri, I am well aware that there is little confidence in the forms of pessaries in general use at the present time; and I have arrived at the conclusion that it is based on the utter inutility of the instruments hitherto employed. Practitioners have been obliged to avail themselves of various forms of pessaries which, on account of improper construction, have afforded so little relief, or even have proved positively injurious, that many eminent men in the profession have long discontinued the use of all mechanical appliances.

Having given especial attention to the treatment of diseases peculiar to females, and having made use of pessaries of every conceivable shape to be obtained in this country, and in Europe, I found on examining their various forms of construction, that they bore no natural relation to the parts with which they were to be placed in contact; they were not in anatomical harmony with the pelvic organs.

The most pernicious of all, proved to be the so-called "Intra-Uterine Stem Pessary." This instrument causes congestion, inflammation, and induration of the uterus, often resulting in frightful ulceration. Other forms of pessaries, by their improper construction, cause ante-version, retro-version, retro-flexion or ante-flexion. Still other varieties are only kept in place by their immense size, greatly distending the soft parts, thereby increasing rather than diminishing the displacement of the uterus. The form known as the letter "S" pessary, and those which are constructed of wire, or any hard substance, are retained by constant pressure on two opposite points, which, if uninterrupted, necessarily interferes with proper nutrition of the parts, and frequently resulting in deep ulceration.

The instrument I have invented and offer as superior to all others hitherto ever prepared is called the "Anatomical Pelvic Pessary." The name is selected on account of its close resemblance to the form of the pelvis. It was first described by Professor T. G. Thomas in his admirable work on "Diseases of Women," after he had subjected it to a thorough test upon a number of his patients. The pessary contracts downwards all around.

It has an opening in the centre large enough to receive the entire neck of the uterus, without undue pressure upon any part of it. The posterior surface, being concave, protects the rectum; the anterior concavity prevents undue pressure on the neck of the bladder, while the elevation on the posterior superior surface is adapted to the concavity of the superior surface of the vagina or posterior *cul de sac*. There are two transverse grooves on the superior surface of the instrument, one on each side, in which the broad ligaments rest and enable the pessary to rise a little higher up than without them. The diameter is longer transversely than antero-posteriorly. The neck and nearly half the body of the uterus occupies the central opening. The contraction of the soft parts acting on the tapering inferior surface of the instrument keep it in its place; and, of necessity, holds the uterus in its natural and proper position.

On account of the soft and yielding substance of which the instrument is constructed, and on account of its perfect anatomical harmony with the parts with which it is placed in contact, the superior extremity of the vagina resting on the superior surface of the instrument and in close contact with its whole surface, it is, in a slight degree, at least kept in position by suction.

This form of pessary relieves nearly all the displacements to which the uterus is liable; prolapsus, partial and complete; ante and retro-version; retro-flexion and ante-flexion, and relieving th pain attendant on obstructive dysmenorrhœa. When assisted by other appropriate remedies, this instrument has been eminently successful in the treatment of sterility, a condition of the system frequently resulting from uterine displacement.

The pessary of the smallest size, number 00, is so constructed as to facilitate the application of remedial agents to the surface of the tincæ. It consists of a sac, its inferior surface being closed by a thin rubber covering. Into the pouch thus formed, ointment, cerates, or liquid applications may be placed. When the latter are to be used, the instrument should be placed in its proper position, and the lotion introduced by means of a syringe having the point bent at an acute angle. To make applications in this manner, the use of the speculum is not necessary. By means of this instrument, the treatment of ulceration and chronic inflammation of the tincæ can be treated locally, without injury to the adjacent tissue, and more effectually than by any other method.

The instrument is made of soft, elastic rubber; it is hollow,

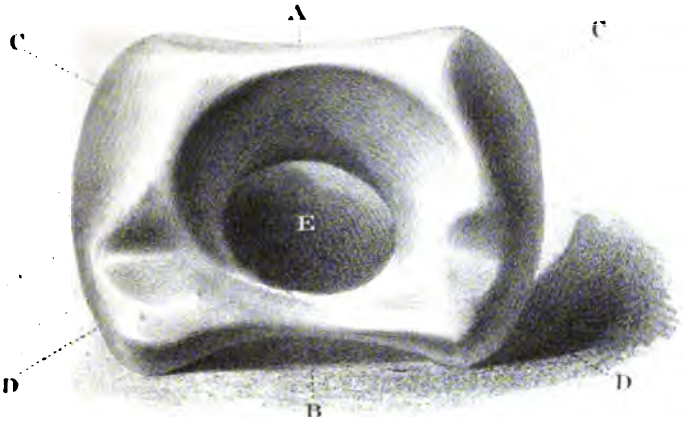

Fig. 1
Superior surface of size Number 2.

A Posterior convexity B Anterior concavity
C C Radial or superior [illegible]
D D Lateral curves E [illegible]

Fig. 2
Lateral surface of size Number 2.

Fig. 3
Anterior and inferior surface of size Number 00

and inflated with air. The material of which it is composed does not contain either zinc or lead, so commonly used in the manufacture of other rubber articles. Soap is a better lubricator than oil; the latter is injurious to india-rubber. The instrument may be cleansed by placing it a short time in a solution of carbolic acid, ten or twelve drops to the ounce of water.

At some future time I may prepare a short article setting forth my views and results of my experience in the treatment of uterine displacements and sterility.

Six sizes or kinds of the pessary are manufactured: 00, two inches in the transverse diameter, with covering over the lower opening; 0, two inches in diameter; 1, two and a quarter inches; 2, two and a half inches; 3, two and three-quarters of an inch; and 4, three inches in diameter, transversely.

ARTICLE LXXX.

Sixteenth Annual Report of the Directors of the New York Ophthalmic Hospital, for the year 1867. By H. D. PAINE, M. D., New York.

The Hospital is located at 387 Fourth Avenue, corner 28th Street, New York.

It was incorporated April 21st, 1852.

The Hospital is open for the reception of patients every day at 2 o'clock, Sundays excepted.

Officers and Directors.

John M. Seaman	President.
Thomas C. Smith	Vice-President.
Cornelius C. Corson	Treasurer.
Amos M. Chace, jr	Secretary.
Solomon Jenner	Agent.

Directors.

1868.

Solomon Jenner.	Cornelius O'Rielly,
John M. Seaman,	Amos M. Chace, jr.,
Geo. W. Clarke,	Charles E. Bostwick,
Washington Hadley,	B. F. Manierre,
Thomas C. Smith,	W. R. Kirkland,
Cornelius C. Corson,	John E. Develin,
John W. Whitfield,	Herman C. Fisher,

Peter Cooper, James L. Woodward,
Joseph Torry.

Attending Surgeons.	*Consulting Surgeons.*
C. Th. Liebold, M. D.,	P. P. Wells, M. D.,
T. F. Allen, M. D.,	H. D. Paine, M. D.,
J. McE. Wetmore, M. D.,	G. E. Belcher, M. D.,
C. A. Bacon, M. D.	Carroll Dunham, M. D.

Daniel Murray ..... Apothecary.

ANNUAL REPORT OF THE BOARD OF DIRECTORS.

In presenting our report, at the commencement of another year, we desire to acknowledge with thankfulness the fostering and guardian care of the Almighty Father, in crowning our efforts with so large a measure of success, and enabling us to alleviate so much human suffering.

In accordance with our charter, we have been engaged in carrying out the three great objects of the Association: First. To provide a place free to the poor. Second. To instruct Physicians and Medical Students in the theory and practice of Ophthalmy. Third. To kill quackery, by providing the best medical skill for the public.

On the evening of the 10th June, 1867, the following preamble and resolutions were passed:

Whereas, We, the Board of Directors of the New York Ophthalmic Hospital, are fully convinced that the homœopathic system of treating diseases of the eye is more effective in restoring sight and less painful to patients than the one now in use in this hospital—

Resolved, That there should be in New York city at least one Eye Infirmary in which the principles of homœopathy may be applied free of all charge.

Resolved, That the official duties of the consulting and attending surgeons and physicians and apothecary now practicing the allopathic system in this hospital be, and are hereby, discontinued from this date.

Resolved, That the retiring consulting surgeons and physicians of this hospital are held by this Board in the highest esteem for their personal worth and professional eminence, and that the thanks of this Board are hereby tendered them for the promptness with which they have ever been ready to give their advice and

aid; and that the thanks of this Board are also tendered to the attending surgeons and physicians for all the useful labors they have performed in connection with the offices they have held as physicians and surgeons in this hospital.

Resolved, That the retiring consulting and attending physicians, surgeons and apothecary, who are acting in their professional capacity in behalf of this hospital, be immediately informed, individually, of the discontinuance of their services, and that this information be accompanied to each of the surgeons and physicians with a certified copy of the above resolutions.

In selecting men to fill the vacancies thus made, care was taken to appoint such only as were skilled in the old and the new school.

The result vindicates the choice of the physicians and surgeons, and thus far confirms the original belief of the Board in the superior treatment of the homœopathic system over the one it has displaced.

Friends of homœopathy, what do you say to this? Where are you?

This noble charity has been sustained for fifteen years, and the Board confidently believe that the intelligent community of the Empire State will cheerfully contribute their money to extend its benefits to all who may need the aid that can only be given by a skillful ophthalmic surgeon and physician.

The Board gratefully acknowledge the bequest of two thousand dollars by Simeon Abrahams, M. D., and of one thousand dollars from Peter Lorillard, which sums have been added to the building fund.

Kind and benevolent reader, you who have abundance of this world's treasures, when you think of the poor without sight, remember the words of Jesus, our blessed Saviour, "Inasmuch as you have done it unto one of the least of these, ye have done it unto me."

SOLOMON JENNER,
GEORGE W. CLARKE, } *Com.*
JOSEPH TORREY,

Report of the Surgeons to the Board of Directors of the New York Ophthalmic School and Hospital.

In presenting our report, it seems proper to explain the method of keeping the records of the Hospital, which has been adopted by the attending surgeons.

A general register is provided, in which are entered by the jani-

tor, the names of new patients, with their age, nativity, residence, duration of disease, and the name of the surgeon to whom assigned; also a column in which the surgeon subsequently enters the disease from which the patient suffers. Each surgeon is in addition provided with his own book, in which he records ample statements of each case, including the condition of all the tissues of the eye, and of the patient generally.

It will be seen from this that we are accumulating valuable data, which we hope will be used for the benefit of the profession.

We are gratified to see an increase in the number of patients, and to hear daily expressions of satisfaction as to results of treatment and operations.

We, however, constantly meet cases which suffer from the want of proper care and diet, without which success cannot always be expected; for many cases present themselves which we are confident would recover if we could receive them into the Hospital, and control their diet and regimen. We all feel the great need of a more extensive Hospital, where the poor who require operations and skillful treatment could remain under the care of the surgeon. Were such facilities afforded, the city would be spared the burden of supporting large numbers of blind paupers.

The number of operations we have to report at this date is comparatively small. This has been due in a measure, to the fact that our attendance thus far has been mostly in hot weather; but more especially to the care we have taken in selecting cases for operations. We have declined to operate prematurely (special reference to cataract), and have the satisfaction of feeling that in this respect we have done our duty; though now and then patients exhibit unreasonable haste, and we are sorry to learn that certain operations which we had declined for the present have been elsewhere performed unseasonably, and have been followed by total loss of sight.

The department of instruction seems to be acceptable to the large number of students who attend Clinics and Lectures.

Clinics are held four days in the week, care being taken that our patients are not injured by too prolonged examinations.

Lectures are delivered during the lecture term, on Wednesday and Saturday evenings, embracing Anatomy and Physiology of the Eye; Diseases of its different structures; Accommodation and Refraction; Operative Surgery, and the use of the Ophthalmoscope.

Appended are two tables, Table A comprising a tabulated list of diseases, and Table B a tabulated list of operations.

C. TH. LIEBOLD, M. D.,
T. F. ALLEN, M. D.,
J. McE. WETMORE, M. D.,
C. A. BACON, M. D.,
Surgeons.

THE NEW YORK OPHTHALMIC SCHOOL AND HOSPITAL, FOURTH AVENUE, COR. TWENTY-EIGHTH STREET. 1867–8.

The Trustees of this Institution take pleasure in announcing that the Sixteenth Annual Course of Instruction will commence on Wednesday evening, Nov. 6th, 1867, and continue until February 26th, 1868.

Lectures will be delivered on Wednesday and Saturday evenings, from 8 to 9.

The large number of patients daily prescribed for in this hospital affords an extensive field for observation and instruction, which the attending surgeons will render valuable to the students who wish to avail themselves of its advantages.

Tickets to the clinics may be had gratuitously on application to any of the surgeons.

Tickets for the course of lectures, $5.

Students who attend the lectures will also be permitted to witness operations.

At the close of the session, those who shall pass a satisfactory public examination before the boards of attending and consulting surgeons, will, on payment of ten dollars, receive from the Trustees the regular diploma of the school.

Graduates of regular medical colleges will be admitted to the lectures free of charge.

ANNOUNCEMENT OF LECTURES AND CLINICS AT THE NEW YORK OPHTHALMIC SCHOOL AND HOSPITAL. SESSION OF 1867–8.

Prof. C. Th. Leobold, Operative Surgery of the Eye and Diseases of the Conjunctiva.

Prof. T. F. Allen, M. D., Anatomy and Physiology of the Eye and use of the Ophthalmoscope.

Prof. J. McE. Wetmore, M. D., Diseases of the Cornea, Iris and Lens.

Prof. C. A. Bacon, M. D., Anomalies of Refraction and Accommodation.

The board of consulting surgeons, consisting of Drs. P. P. Wells, H. D. Paine, G. E. Belcher and Carroll Dunham, will, during the session, deliver lectures on the materia medica as applied to the eye, and on other selected subjects.

Special clinical instruction will be given at 2 P. M., on

Monday by	Prof. Liebold.
Tuesday by	Prof. Allen.
Wednesday by	Prof. Bacon.
Thursday by	Prof. Wetmore.

COMMITTEE OF VISITATION.

The Committee of Visitation shall consist of two members to serve for one month in rotation.

The Board of Directors shall be so classified that each member shall have a specified month in each year, during which he or his colleague shall visit the Hospital, and see that the patients are regularly prescribed for and attended to; that the Apothecary and other officers attend to the duties of their office with accuracy and neatness; to suggest any improvements that can be made, and to see that proper economy is observed in all the departments.

Visiting Committee for 1868.

January	S. Jenner, T. C. Smith.
February	C. C. Corson, A. M. Chace, jr.
March	G. W. Clarke, Peter Cooper.
April	W. Hadley, J. W. Whitfield.
May	C. O'Reilly, B. F. Manierre.
June	H. C. Fisher, C. E. Bostwick.
July	W. R. Kirkland, John E. Develin.
August	J. L. Woodward, Joseph Torrey.
September	S. Jenner, J. M. Seaman.
October	T. C. Smith, G. W. Clarke.
November	W. Hadley, C. E. Bostwick.
December	H. C. Fisher, J. M. Seaman.

Finance Committee.

They shall audit all claims against the Institution, and provide all necessary articles needed for the Hospital.

One or more of the Committee shall visit it at least once during each week.

Thomas C. Smith,
Washington Hadley,
Geo. W. Clarke, } *Committee.*

Cornelius O'Reilly,
Herman C. Fisher,
Joseph Torrey, } *Building Committee.*

Students at the New York Ophthalmic School and Hospital.

Session of 1867–8.

Allen, T. R., M. D.
Avery, E. W., M. D.
Bevin, W. A.
Belden, C. D.
Bennett, J. A.
Beakley, J. S.
Bruyn, R. G.
Belknap, M. C.
Bishop, A., M. D.
Buckingham, W. E.
Bissell, W. H.
Bishop, Anson.
Brown, J. W.
Carpenter, D. C.
Clark, H. A., M. D.
Clark, Arthur.
Colton, Geo.
Cooper, H. C., M. D.
Corcoran, Luke.
Cossart, A. B.
Covert, A. B.
Daggett, I. V.
Donnelson, J. E.
Eldridge, C. S.
Elliott, Henry.
Fitch, J. H.
Finch, E. W.
Frazer, Archer.
Garside, Wm. B., M. D.
Gedney, J. M. R.
Gerrie, James.
Kuhn, C. W., M. D.
Laine, E. R.
Lamb, G. L.
Light, J. H.
Marks, A. H.
Martin, C. H., M. D.
Mansfield, C. J.
Moore, J. D. V.
Morse, M. V. B.
Newport, E. C.
Nipley, Samuel R., M. D.
Otis, J. C.
Patchen, G. H.
Patchen, W. H., M. D.
Phillips, F.
Piersons, A. M.
Parkhurst, L. D., M. D.
Patridge, H. V.
Ricardo, N. C.
Richardson, A. J.
Saltzwedel, Henry.
Simons, O. H.
Scudder, C. F.
Sherman, J. F.
Smith, G. H.
Smith, O.
Smith, St. Clair.
Sohl, Henry, M. D.
Spooner, G. R.
Spooner, E. H.
Stein, Geo. S., M. D.

Gordon, P. H.
Gilbert, C. E.
Hasbrouck, Stephen.
Hamilton, N. C.
Heath, J. B.
Houghton, E. R., M. D.
Hutchins, H.
Jenks, R. B.
Johnson, C. C., M. D.
Thomas, F. H.
Towne, E. A.
Traver, G. R.
Walker, Aaron.
Wareheim, E. A.
Waugh, W. W.
Whitaker, E. B.
Wood, E. E.
Wright, A. J.

LIFE MEMBERS.

Abbot, Timothy B.	$40
Allen, Stephen (Hon.)*	40
Aspinwall, Wm. H.	50
Boorman, James*	40
Bradford, A. W. (Hon.)*	40
Cooper, Peter	40
Couch, George	40
Davies, John J.	40
Davison, Wm. S. (Hon.)	40
Dean, Enoch*	40
Drew, Daniel	40
Francis, John W. (M. D., LL. D.)*†	40
Grinnell, Moses H.	40
Hall, Valentine	40
Jenner, Solomon (A. M.)	40
Johnson, John	40
Kingsland, A. C. (Hon.)	40
Ladue, Nathan W.	40
Miles, Wm. B.	50
Mott, Wm. F.	40
Mott, Valentine (M. D., LL. D.)*†	40
Nelson, N. Fish*	40
O'Reilley, C.	40
Purdy, Elijah F.*	50
Rogers, David L. (M. D.)	40
Seaman, John M.	40
Smith, Thomas C.	50
Stephenson, Mark (M. D.)*	40
Stephenson, Wm. W. (A. M.)†	40

* Deceased. † By Mark Stevenson, M. D.

Trimble, George T.	$40
Wetmore, Samuel	40
Whiting, Jas. B. (Hon.)	40
Woodhull, Caleb S. (Hon.)*	40
Wright, John D.	40
Young, Henry	50
Smith, Henry M. (M. D.)	40
Smith, John T. S.	40

Life Patrons.

Anthony, Henry, Rev. Dr.*†	$100
Astor, Wm. B.	100
Bacon, Daniel P.	100
Bangs, Nathan, Rev. Dr.*†	100
Beecher, Henry Ward, Rev.†	100
Brainard, Cephas	100
Campbell, Wm, B.*	100
Chapin, Rev. E. H. (D. D.)	100
Cobb, Solon, Rev.	100
Cone, Spencer H., Rev. Dr.*†	100
Cooper, Peter	100
Crosby, Wm. B.†	100
Cuyler, Rev. T. L. (D. D.)	100
De Witt, Thomas, Rev. Dr.*	100
Dodge, Wm, E.	100
Hall, A. Oakey	100
Hammond, Charles	100
Holden, James C.	100
Kerr, Lawrence R.	100
Miles, Wm. B.	100
Morgan, James L.	100
Perris, Isaac, Rev. Dr.†	100
Penfield, Allen	100
Reed, Lewis B.	100
Sanford, Charles	100
Spring, Gardner	100
Stephenson, John	100
Stephenson, Marcus P. (M. D.)	100
Stuyvesant, Girard*	100
Tyng, Stephen H., Rev. Dr.	100

* Deceased.
† So constituted by members of their respective congregations.

Walton, Isaac	100
Westervelt, Hon. Jacob A.	100
Wetmore, Wm. C.	100
Wright, John D.	100

TABLE A.

Diseases and number of Patients treated from June 11th to December 31st, 1867.

I. ORBITA.

None.

II. PALPEBRÆ.

	Male.	Female.	Total.
Entropion	....	2	2
Ectropion	....	2	2
Trichiasis distichiatis, etc	1	8	9
Hordeolum, chalazion, milium	3	7	10
Blepharitis, cil. ac. et chr.	16	21	37
Blepharitis phleg. et erysip. furunculus	2	2	4
Herpes, crusta lact.	....	2	2
Verucæ, tumores, etc.	1	1	2
Læsiones et corpora aliena	2	3	5
Total	25	48	73

III. CONJUNCTIVA.

Conjunct. simplex (catarrh) ac. et chron.	44	48	92
Conjunct. purulenta (blenn.)	8	4	12
Conjunct. purulenta neonati	1	....	1
Conjunct. granulosa (trachoma)	37	40	77
Conjunct. pustolosa et exanth	19	15	34
Ecchymoses	3	1	4
Symblepharon	1	1	2
Neoplasmata	1	2	3
Læsiones et corp. al.	4	....	4
Total	118	111	229

IV. SCLERA.

Læsio	1	....	1

V. CORNEA.

Keratitis superficialis	9	8	17
Keratitis pustulosa	4	5	9
Keratitis parenchymatosa	4	4	8
Keratitis ulcerosa (ulcus simplex et perforans)	6	7	13
Pannus	9	14	23
Macula, nebula, leucoma	25	16	41
Staphyloma	2	1	3
Læsiones et corp. al.	11	3	14
Total	70	58	128

VI. Iris.

	Male.	Female.	Total.
Iritis idiopathica (rheum)	7	2	9
Iritis syphilitica	8	7	15
Synechia ant. et post. et atresia pupillæ	2	3	5
Læsiones et corp. al	3	....	3
Total	20	12	32

VII. Corpus Ciliare et Chorioidea.

Chorioiditis (irido-chor.) ac. et chron	6	1	7
Atrophia chor. et sclerotico-chorioiditis post	1	4	5
Glaucoma. ac. et chron	4	1	5
Total	11	6	17

VIII. Retina.

Retinitis	7	3	10
Retinitis syphilitica	2	....	2
Retinitis nyctalopica	2	....	2
Apoplexia retinæ	1	2	3
Anæsthesia ret. et atrophia N. opt	9	3	12
Amotio retinæ	3	....	3
Amblyopia (A. potatorum) et amaurosis	10	4	14
Total	34	12	46

IX. Lens.

Cataracta incipiens	8	9	17
Cataracta mollis et semidura	1	2	3
Cataracta dura	5	4	9
Cataracta pyramidalis	....	1	1
Cataracta traumatica et secund	7	3	10
Corpus alienum	1	....	1
Total	22	19	41

X. Corpus Vitreum.

Opacitates	2	3	5

XI. Bulbus.

Panophthalmitis	....	1	1
Atrophia bulbi	3	3	6
Læsiones et corp. al	12	1	13
Total	15	5	20

XII. Refractio et Accommodatio.

Myopia	2	....	2
Hyperopia	3	....	3
Presbyopia	7	1	8
Astigmatismus	1	1	2
Asthenopia ex hyperopia et paresi acc	3	10	13
Total	16	12	28

XIII. Musculi et Nervi.

	Male.	Female.	Total.
Paresis et paralysis N. oc. mot	4	3	7
Paresis et paralysis N. abduc	....	1	1
Paresis et paralysis N. trochlear	1	....	1
Strabismus convergens	5	5	10
Strabismus divergens	1	....	1
Blepharospasmus	2	....	2
Neuralgia ciliaris	1	3	4
Total	14	12	26

XIV. Organa Lacrymalia.

Hypertrophia gland. lac	1	1	2
Dacryocystitis et blenn	1	6	7
Strictura et Stenosis D. lac	1	4	5
Total	3	11	14

Recapitulation.

I. Orbita	....	....	....
II. Palpebræ	25	48	73
III. Conjunctiva	118	111	229
IV. Sclera	1	....	1
V. Cornea	70	58	128
VI. Iris	20	12	32
VII. Corpus Ciliare et Chorioidea	11	6	17
VIII. Retina	34	12	46
IX. Lens	22	19	41
X. Corpus Vitreum	2	3	5
XI. Bulbus	15	5	20
XII. Refractio et Accommodatio	16	12	28
XIII. Musculi et Nervi	14	12	26
XIV. Organa lac	2	11	14
Total	351	309	660
Not classified the first days			42
Total treated			702
Treated from January 1 to June 10			524
Total treated from January 1 to December 31			1226

Nativity of Patients.

Born in United States	352
Born in Great Britain	310
Born in Germany	31
Born in other countries	9
Total	702

TABLE B.

Operations performed from June 11th to December 31st, 1867.

No. of operat'ns.	No. of eyes.		Male.	Female.	Total.
1	1	Operation for staphyloma partialis (removed it, removed lens, united the wound with three sutures)	1	..	1
4	2	Operation for cataracta trauma; discision and suction	2	..	2
5	4	Operation for strabis. conv. (four operations as common on rect. inf. One operation shortentening of r. ext.)	1	1	2
1	1	Operation for iridectomy (cat. traum.)	1	..	1
1	1	Operation for symblepharon partialis	1	..	1
2	1	Operation for cataract dura (also iridectomy)	1	..	1
3	2	Operation for phimosis palp. and epicanthus (also, operation on nose)	1	..	1
8	8	Operation for removal of foreign bodies	7	1	8
5	2	Operation for cataracta mollis; discisio	..	1	1
2	2	Operation for strabismus conv	1	1	2
1	1	Operation for iridectomy (leucoma)	..	1	1
3	3	Operation for strictura. duct. lacrymal	..	3	3
3	3	Operation for removal of foreign bodies	3	..	3
39	31	Total	19	8	27

All operations have been followed by good results.

C. C. Corson, Treasurer, in account with the New York Ophthalmic Hospital.

Report for 1867.

Dr.

Balance from 1866	$416 44
Annual subscriptions, $5 each	350 00
Rents received	1,032 67
Donation from the State	1,000 00
Donation from the city	1,000 00
Donation from Peter Lorillard	1,000 00
Interest received	190 00
Received from James L. Morgan	100 00
Received from J. T. S. Smith	40 00
	$5,129 11

CR.

Rent	$1,050 00
Hospital expenses	778 00
Medicines	498 36
Apothecary's salary	448 28
Printing	130 00
Law expenses	75 00
Insurance	42 00
Real estate	48 65
Balance	2,058 82
	$5,129 11

INTRODUCTORY LECTURE BEFORE THE NEW YORK OPHTHALMIC HOSPITAL AND SCHOOL, NOVEMBER 6, 1867. BY HENRY D. PAINE, M. D.

Only a few days since, I was assured, on the authority of a publication, which assumes to afford, if not official, at least the most authentic information on the subject of Metropolitan medical affairs, that the New York Ophthalmic Hospital had closed its doors. Although I had the best reasons in the world for disbelieving the report—having often seen for myself the throng of patients who daily crowd its rooms, and received the most satisfactory proofs of its continued success and prosperity from those who, etc.,—still, I could not but receive, with a high degree of satisfation, (as I did on the selfsame day,) the formal announcement of the intended early resumption of the regular annual course of instruction, which it is one of the objects of this Institution to provide. It not only threw an additional doubt upon the positive assertion of the "New York Medical Register," that the hospital had been "discontinued," but furnished new evidence of its continued existence and activity, and of the determination of its officers to extend its benefits as widely as possible, and to maintain its high character, both as an infirmary and as a school.

The accompanying premonition, that to me had been assigned the honorable duty of inaugurating the series of lectures to be delivered here during the present season, did not excite the same degree of pleasure; but as those by whom the function might have been more satisfactorily performed, have been appointed to other and more arduous duties, I could not reasonably decline such a moderate and agreeable requisition.

The publication of the misstatement (to call it by no harsher name), to which I have just referred—a misstatement so entirely unfounded, and calculated, if not intended, to mislead the public, to diminish the attendance of patients, and to injure the institution—can not but awaken sorrowful reflections upon the persistent intolerance of those who seem determined to suppress, or, at least, to ignore, any medical institution, or any medical reform, which does not accord with, or owe allegiance to, their own narrow and exclusive views of medical orthodoxy.

But, happily, we have here, every day, the best evidence that the injurious asseveration of our opponents is utterly false. Daily these walls witness to the increasing numbers of those who gladly avail themselves of the resources freely offered within them, [notwithstanding the misrepresentations, and even intimidations, that have been employed to prevent such a result]. Daily are the hearts of our attending surgeons gladdened and encouraged by the favorable effects of the treatment employed, and the grateful appreciation of their unselfish efforts, by poor and afflicted subjects under their care.

There is no such excess of charitable institutions in this city, either for the poor, the friendless, or the sick, that we can afford to spare a single one, and of those designed for the benefit of a particular class of sufferers, none appeals to the sympathies of a benevolent public with greater force than those which offer treatment, and the best facilities of cure, for diseases of the eyes. It might well, therefore, have occasioned deep regret in the hearts of all who feel any interest in the various enterprises for the amelioration of human suffering, if, from any cause, this institution had been forced to close its doors, and send away the patients who have daily and hopefully thronged its halls.

And from what I know of the temper and disposition of our Board of Directors, and especially of our honored President, I do not think there is any immediate prospect of a consummation of the hope—if any can be so ungenerous as to entertain it—of the dissolution of the institution, which they so vigorously and judiciously manage and control.

That the Board of Directors of the Hospital, in the exercise of their authority, and conscious of their responsibility, as well as of their duty, have, within a few months past, replaced the former allopathic medical officers by those of a different system, is doubtless, well known to all whom I have the privilege of addressing.

To this step they were impelled, not more strongly by their own personal convictions in favor of the homœopathic method of treatment, than by a sense of the justice and common fairness to the public at large. It is perfectly certain that there is, not only in this city, but throughout the State, a large and most respectable body of people who firmly and fully approve of the homœopathic system of cure, and manifest their confidence in its superiority over the old practice, by entrusting to it their own health and lives, and that of their families. It is no less true, that wherever the system is established, it has the support and patronage of the intelligent and influential laity; nor would it be difficult to show, by satisfactory statistics, that, of the large amount of taxes and voluntary contributions appropriated to the support of our various institutions of charity, no small proportion comes from the pockets of the patrons of that system. But, notwithstanding these facts, known and admitted by many whom they only excite to aggravated resentment, almost every attempt to appoint homœopathic physicians, or to introduce homœopathic treatment, in any of the benevolent establishments of the city or State, has been so far successfully resisted, by the persistent opposition of the allopathic school. Their long possession of those positions has given them a power and influence of resistance to progress, to which neither their superior numbers, their learning, nor professional success entitles them.

Knowing and believing these things, it is not easy to see how our directory could, without violence to their own consciences, have declined to pursue the course they did, when they found themselves in a position to choose.

Nevertheless, it required no little courage to take so bold a step—to stem the current of ancient prejudice and habit—to place themselves and the institution under the ban of their former associates, and to incur the excommunication of the self-styled "regulars" of the profession, as favorers of quackery, and encouragers of irregularity—both crimes of indescribable enormity.

All this, I affirm, called for the exercise of true bravery, and manifested a conscious rectitude of intention, worthy of all praise, in an age when time-serving, and deference to expediency, are far more common traits.

It is much also to the honor of those few members of the Board, who although not avowed homœopathists, and experimentally unacquainted with the merits of the system, voted, with the

majority of their colleagues, in favor of the change, because they recognized the just and reasonable claims of the homœopathic public—both rich and poor—to the kind of treatment which alone has their confidence. As they had not the same personal convictions of the necessity of the innovation as their colleagues, their acquiescence in the resolution, all the more entitles them to our gratitude and respect. The liberal and catholic spirit which recognizes the equal rights of all to their opinions in medicine, while it commands the approval of the fair-minded public, will not shield these refractory Directors from the reproaches of the dominant school. It is to be hoped, however, that they will find in the approval of their own consciences, and in the satisfactory results of the experiment, a sufficient justification.

That this action of the Directors will be approved and sustained, by the great majority of the friends and supporters of the Hospital, scarcely admits of a doubt. If you canvass the opinions of those who are the most active and zealous promoters of the benevolent enterprises of the age, and who contribute most cheerfully of their means, their time, or their labor to their support, you will find the patrons of homœopathy numerously represented. It has been claimed, that, at least one-third of the taxes imposed and appropriated for the support of the State charities in this city, are paid by homœopathists, and that, of the voluntary contributions, for the same, or similar objects, a still larger proportion might be justly credited to them. When you add to this large body of wealthy, intelligent, and liberally disposed homœopathists, the large and increasing proportion of the public which still adheres, or rather submits, to allopathic treatment, but which is opposed to the narrow-minded intolerance of its practitioners towards the homœopathists, there need be no fears, but that, in almost any institution, in which the management should be disposed to adopt that system, the sanction of the public could be counted upon.

In this case, at any rate, the evidences in corroboration of that opinion are entirely satisfactory. So far from deserving the verdict of "discontinued," which has been recorded against the New York Ophthalmic Hospital, by the "New York Medical Register," I am happy to say that the institution was never more flourishing or useful than now. That the new order of things has received the emphatic approval of those, at least, who are, most of all, interested in the matter—I mean the poor patients, for whose benefit the hospital was established—is apparent enough to

those who witness the throng of applicants who daily crowd these halls, and gratefully avail themselves of the treatment heretofore virtually inaccessible to them.

It has been alleged, even by some who believe in the homœopathic system, that it was not adapted to the circumstances of the poor; or, at least, that the poor and the ignorant would be slow to appreciate the advantages which it possesses over the austere treatment to which they have long been accustomed.

But whatever plausibility there may once have been in this supposition, the experience of the last few years has demonstrated its untruthfulness. Every homœopathic physician knows that, whereas, formerly, his patrons and patients were chiefly from the ranks of the intelligent and well-to-do, he now can have as many poor patients as he is willing or able to attend. And the increasing popularity of the few Dispensaries under the charge of homœopathic physicians, shows that a great change is going on in the feelings of that class for which they have been established. Once, so strong were the prejudices of this class of patients in favor of good strong measures in the fight with disease, that a dose that neither smelt nor tasted badly, nor produced any violent turmoil in the system, in their estimation, scarcely deserved the name of medicine. The man who complained of the apothecary for giving him such a small emetic for his shilling, expressed the estimate which many people entertained of the efficacy of a prescription, according to the pain or sickness that it produced. But those old notions are fast passing away, even among the ignorant and the dependent—multitudes of whom have, in one way or another, by this time, learned something of the advantages and blessings of homœopathy, and gladly embrace such opportunities for availing themselves thereof as are afforded.

With this large and growing constituency of all ranks, who, if they were allowed to choose, would submit to no other treatment than homœopathic—believing in its principles or convined of its success—it is high time that a determined, vigorous and united effort were made to insist upon a just and equitable representation in the public charities.

It is a cruel wrong to the poor, that allows the allopathic obstructives to retain control of so many of the Hospitals and Infirmaries, and obliges thousands to submit to treatment which they have no faith in, or compels them to go without any. There are strong incitements to enlarge upon this theme. It would be easy,

under the influence of the feelings excited by such reflections, to occupy the whole of the time I am entitled to, with a recital of the grievances which we suffer, in this city and State, from the narrow-mindedness, intolerance and bigotry of our opponents, or with congratulatory remarks upon the more favorable change in the conditions of th s exceptional institution. But I am warned, by the length of the remarks that I have already indulged in, that I shall have little enough time for the most cursory review of those topics to which I had intended to call your attention this evening.

But I cannot refrain from alluding to one or two points of special interest in the new relations which the homœopathic profession and public find themselves, with regard to this institution.

First. As it is an indication of the force of public opinion, and the influence which homœopathic principles are at length beginning to exert, even in the strongholds of allopathic power. In every other important institution in this city, all attempts to introduce homœopathic treatment, or to accord to homœopathic patients any privileges, have proved unsuccessful, owing, in part, to the determined opposition of the opposing school, and, in part, to the *vis inertiæ* of their managers and Directors. More fortunate has been the New York Ophthalmic Hospital, in being under the control of a Board which appreciated its duty, and had the independence to act accordingly. Let us hope that the effect of so eminent an example, and the success of the experiment, will stimulate other institutions to a like liberal and just course, and that, ere long, we shall have the pleasure and satisfaction of seeing some provision made for the treatment of homœopathic patients in all the public Infirmaries by physicians of our own school. This, at least, we have a right to demand, and less than this will not satisfy the public which pays the taxes and contributes the funds for the support of these establishments. A persistence in the course of exclusiveness and intolerance, which has so long resisted the demanded reform, will surely react upon its authors, and, sooner or later, effect their just and summary ejectment.

The only other point to which I shall venture to refer in connection with this subject, is the additional and important advantage which will now be afforded to homœopathic students who desire to perfect themselves in this most attractive department of the profession. In this view, alone, of the valuable results consequent upon the new position which this Hospital holds to our school of

practice, it would be difficult to over-estimate its importance. In no other class of affections is clinical instruction, and the opportunity of witnessing the delicate operations often required in the course of treatment, more essential than here. Perhaps there is no department of surgery in which mere book learning, or oral instruction, unaided by practical examples, is of less account than in that to which this Hospital is devoted, nor any in which there is greater advantage to be derived from actual demonstration. Nor can any private practice, however extensive, present the opportunities for seeing so great a variety of ophthalmic diseases, as an institution like this, which naturally attracts a multitude of patients, exhibiting every variety of the more common disorders, and more or less frequent examples of those that are rare.

I need not dwell upon the importance of clinical instruction, in every department of pathology. Its necessity in the thorough training of the aspirants for medical honors and responsibilities, is universally conceded, and no teacher of our art, in these days, would think of confining his instruction to didactic exposition. Let me exhort you, therefore, to embrace the opportunity which will be here afforded, of improving yourselves in this important branch of surgery.

That the knowledge of ophthalmic diseases, and their appropriate treatment, is of great importance to the cause of humanity, and of great value to the practitioner, requires no argument. The great frequency and variety of distempers to which the eyes and their appendages are subject; some of an unsightly, and many of a painful and even dangerous character, and, at least, jeopardizing, if not absolutely destructive of the precious sense of vision, and the natural dread of blindness, which all men entertain, conspire to invest this branch of the profession with a peculiar interest and importance.

No physician, however limited his practice, but will have frequent occasion to put his knowledge of ophthalmic pathology and therapeutics to use, and in no department will his science and skill be more appreciated, or effect more evident good results, or the want of it be more likely to react injuriously upon his professional reputation.

Not only is a thorough acquaintance with this subject most desirable, but the study of it is, also, one of the most attractive and fascinating in the whole range of medical science. The number, delicacy and peculiar structure of the parts and tissues of the

eye—their miraculous adaption to the complex purposes to be fulfilled by them—the wonderful phenomena of vision—the facility we now possess of examining the internal structure of the organ—render the study of the eye, physiologically, anatomically, and pathologically, one of the most interesting, inviting, and satisfactory, which it is your business to pursue.

While it is, perhaps true, that of all the external organs of sense, the eye is the best understood; yet, so complicated is its mechanism, so minute are some of its parts, and so diversified its powers, that, notwithstanding much laborious research that has been expended thereon, there remains yet much that is unknown, to tempt investigation, and to reward, with future discoveries, the patient and painstaking inquirer. Some, indeed, of the phenomena of vision have been scarcely investigated, and upon others, much curious inquisition has been spent, with comparatively small results. This fact cannot fail to stimulate the real student, zealous in the science he has chosen, to additional exertion for its development.

If what I have just said be true of the eye in its natural and normal state, it is not less so in the various pathological conditions, which it is liable to assume. In the study of its diseases there is a wide field for cultivation and improvement; and in the successful application of correct therapeutical principles, there is much to reward the practitioner, both in the success which, on the whole, he may hope for, and in the pecuniary compensation which a reputation as an expert and a skillful oculist is sure to bring to its possessor.

So fruitful a source of profit, and, it must be confessed, an unaccountable neglect on the part of the regular profession, in former times, to treat diseases of the eyes, as something quite beneath its dignity, has thrown much of this practice into the hands of quacks, whose pretensions are only equaled by their ignorance.

Much has been done by the labors of scientific and conscientious men, of the last two or three generations, to rescue this department of surgery from the low estate into which it had fallen, by the neglect of their predecessors, and to place it, as it deserves, in the first rank of professional importance. But still, to many minds, the devotion of particular attention to this class of practice, and the acquisition of a reputation as an eye-doctor, awakes the suspicion of the charlatanry and pretension. Too often, no doubt,

the suspicion is well founded, and the flaunting advertisements, and ridiculous assumptions of the professed "oculist," which offend our eyes in the public prints, and on the posts and fences, show that the public has not yet learned to discriminate, in all cases, between the real scientific physician and the ignorant pretender. This, however, should not deter the true devotee of science from fulfilling his own duty, and giving to every department of his calling the consideration it deserves; seeking to know all that is known, and qualifying himself to apply that knowledge to the relief of suffering, and as stepping-stones to further discoveries in science, and skill in practice.

Like other departments of the art of healing, ophthalmic surgery has experienced its fluctuations and vicissitudes. There are evidences in the history of medicine, that the ancient practitioners recognized and treated many diseases of the eyes. But it is no less true, that the pathology and diagnosis of most of them, and by far the greater part of the real improvements in the methods of treatment, have been attained within the last century, or century and a half.

From the works that have come down to us from the first known fathers of medicine, it is not, perhaps, possible to gather satisfactory information as to the extent of their knowledge of the various forms of ophthalmic diseases, their views of pathology, or their plans of treatment. But it is certain, that quite a number of the diseases which we now meet with, were well known to them, some by the same names, and others so described as to be identified by more modern observers.

It would seem probable, indeed, that they were the subjects of much more scientific attention, and the differences between them were better understood by the physicians who flourished before the time of Galen (2d century) than by those who succeeded him. For instance, the nature of cataract (described by Hippocrates under the name of Glaucoma) as an opacity of the crystalline lens, was correctly understood by him, and his disciples, and successors; but from the acceptance of the Galenic theory, that the lens was the peculiar and exclusive seat of vision, all trace of the true doctrine was forgotten for hundreds of years. About the middle of the seventeenth century, the ancient and more correct views began to be revived, but, although (somewhat timidly) adopted by a few distinguished names, they attracted but little attention for fifty or sixty years, in fact, almost all physicians adhered to

the false theory of Galen, until sometime after the commencement of the eighteenth century. It was in 1708 that M. Mery announced his conversion to the views of Lasnier, Maitre-Jan, and other observers, and boldly recommended one of his patients to have the lens extracted, which was successfully done by Petit—thus demonstrating the fact, that vision was possible without the assistance of the crystalline lens.

What is now know as glaucoma, does not appear to have been distinctly recognized as different from other opacities behind the pupil, until about the same period. Previously to that, the term glaucoma seems to have been a sort of generic expression, which included every form of internal opacity.

Iritis is another example of a re-discovery of still more recent date. It is agreed that a passage of Hippocrates is clearly descriptive of this disease, but subsequent writers make no allusion which would lead us to suppose that they had any knowledge of its existance, as distinguished from ophthalmia in general, until a German, Schmidt by name, at the commencement of the present century, published his observations.

But while it is admitted that in these, and a few other diseases, the ancients anticipated us in the discovery of their character and seat, in regard to many others, modern investigation has developed important points of discrimination, of which we find no notice in their writings. Of course it may reasonably be assumed that many diseases and abnormal conditions of the eyes, were known and recognized by the early fathers of medicine and their contemporaries, of which no record has come down to us. It is not likely that those keen-sighted old observers, who distinguished, and so accurately described, such affections as hypopion, leucoma, iritis, etc., would pass by without notice, various other more obvious diseases, although in the comparatively few writings that have been preserved, we find no account thereof. The low condition into which the science of medicine afterwards sunk, and in which it remained for many centuries, and the consequent small esteem in which its founders and their works, were held during all that period of depression and darkness, caused the neglect and loss, no doubt, of many writings that would have supplied us with more complete information, on the theories and practice of those pioneers. Of the treatment pursued by them, even in most of the ophthalmic diseases, of which they have transmitted to us some description, we have still more imperfect and

vague information. The few and scattered allusions to the operations, and other remedial expedients resorted to, are hardly sufficient or explicit enough to satisfy even the most moderate curiosity. As far as we can judge from the slight references to the subject, by the earliest writers, it would seem that the practice in vogue in their times, was of a timid or cautious kind, at least, what would be thought so by some of our modern representatives of the heroic schools.

It does not appear that, in the very earliest period of medicine, of which we have any account, there was any particular class of practitioners, who made a specialty of diseases of the eyes. In fact, all physicians were what are sometimes called general practitioners, and knew nothing of the distinction between physic and surgery, which, indeed, did not arise till a much later period; the early writers treating indiscriminately of fevers, fractures, wounds, nervous disorders, pleurisies, dislocations, etc. Nevertheless, there naturally arose, in the course of time, some distinctions in the ranks, not unlike what we see in our own day and country, where the law supposes every practitioner to be both a physician and surgeon, but where many men, either from taste or training, or other circumstances, obtain a character and reputation for skill or expertness in particular departments.

Celsus, who is the first writer from whom we derive any considerable knowledge of the practice of the physicians previous to the Christian era, mentions particularly, one Philoxines, whom he describes as the most distinguished of all the oculists of Alexandria. From this it would seem certain that diseases and injuries, now considered surgical, and especially those of the eye, were, at that period, considered not unworthy of the attention of men of learning and experience—a statement, however, that will not apply to any subsequent era in the history of the profession, till we come down to comparatively recent times.

This was particularly the case from the time of Galen, when, with the decline of learning, and especially of medicine, ophthalmic pathology was gradually forgotten. While the successive contending sects of medical philosophers were so engaged, in attacking each other's theories, or defending their own, there was no time for the more obvious practical business of the profession.

The history of medicine, for many hundreds of years, is little more than a record of the contentions of different parties, generally about questions of merely imaginary importance, many of

which are still as unsettled as ever. The so-called Dogmatists disputed with the Empirics—the Pneumatics with the Methodics—the Eclectics with the Galenists—the Chemists with the Vitalists—but all the while the science of medicine became more and more obscured, and overlaid with fanciful speculations.

In the twelfth century, when physicians more busied themselves with abstruse speculations and theories, than in efforts to improve the art of healing, a decree was promulgated, by the Council of Tours, which prohibited the clergy, who were also the principal practitioners of physic, from performing any operation involving loss of blood. It needed but this finishing stroke, to deal the death-blow to surgery, already much debased, and to throw its mutilated remains into the hands of the ignorant laity. While a certain assumption of dignity was retained by the clerical professors of medicine, surgical practice was exceedingly unfashionable, and considered only on a par with barbers and similar professions. It was a mere trade, which occupied itself chiefly in the application of ointments and plasters. Of course, ophthalmic surgery shared the same ignoble fate. Diseases of the eye were considered either as incurable, or too trivial to attract the attention of a regular physician. In this moribund condition it remained for a long time.

It was not until the middle of the sixteenth century, and many years after general surgery had shown some signs of returning life, that the attention of the profession began to be directed to this, heretofore neglected, branch. About this time, we begin to observe, for the first in the annals of our art, for, at least, a thousand years, that men of learning devoted themselves to the investigation of this class of affections. France, which may be considered as the birth-place of modern surgery, furnished such men as Lasnier, Borel, Brisseau, Maitre-Jan, whose published observations gave a new impulse to the study of ophthalmic diseases. To them we are indebted for the dispelling of many erroneous notions respecting the eye, and the uses of its different parts, and the seat of many affections. They also taught the true nature of several abnormal conditions of the organs of vision, and established principles of surgical treatment, in several cases, which subsequent experience may have modified, but has not supplanted.

The latter progress of ophthalmology, in that country, however, has scarcely fulfilled its early promise, or kept pace with the

great improvement, which has raised French surgery in general, to a high degree of perfection.

The comparatively few institutions devoted to the reception and treatment of patients suffering from diseases, or lesions, of the eyes, has, no doubt, tended to retard the progress of improvement, and to limit the study of ophthalmic pathology. Until within a few years, the cases of this class were scattered up and down among the different wards of the hospitals, instead of being collected in separate buildings, or even in separate and appropriate wards, thereby preventing that close comparison and study of their peculiar characters and symptoms, which is essential to an accurate knowledge of this department of surgery. Another cause for the deficiencies of French ophthalmic surgery may, doubtless, be found in the comparatively little instruction given upon it in the schools. A branch that the masters pay so little attention to, is not likely to be very thoroughly studied by the students.

Very different has been the history of this science in Germany. The founding of the Vienna school, by the Empress Maria Theresa, in consequence of the zeal and ability displayed by Barth, in the treatment of the numerous blind persons which he found in that city, must be considered as the first step towards raising ophthalmic surgery to a scientific position. It must not only be considered the mainspring of its cultivation in Germany, but also throughout Europe. What Barth and Richter begun, and advanced so much, was, by the industry and talent of Beer, Schmidt, Himly, Langenbeck, and others, raised to a high degree of perfection. By their efforts, a mass of information was extensively diffused, and many institutions were set apart for the treatment of ophthalmic patients, which have ever since afforded ample opportunities for observation and study.

In England, ophthalmic affections were, for a long time, grossly neglected. As in no other countries, there was no lack of professed oculists, but the regular surgeons were scarcely less ignorant of this part of their profession, than the quacks, whom they despised. The establishment, however, of eye infirmaries, in London and other large towns, which began about the beginning of the present century, and the dissemination of the discoveries and observations of the German surgeons and authors, already mentioned, have had immense effect, in calling attention to this important and agreeable department of surgery; as witness the

writings of Lawrence, Waudrop, Travers, Saunders, Guthrie, and McKenzie.

In this country, although we have had not a few men who have acquired a deservedly high reputation as practical oculists, yet, in comparison with what has been accomplished elsewhere, and particularly in Germany, it would be, perhaps, too much to claim, for American ophthalmology, any considerable share in the improvements that have marked its history during the last century.

The great improvements alluded to, in this most imperfect sketch of the rise of modern ophthalmology, is mainly observable in the departments of physiology, pathology, and operative surgery. To give an account of the principal discoveries, and advancement in each of these divisions, would require more than one additional lecture, and can not be particularized here. The number and variety of these additions to our knowledge of the eye and its diseases, and the improved style of operating, which have been made accessible to us, by the labors and skill of the learned and capable men who have devoted themselves to these ends, are of the highest importance. They, and their authors, are deserving of all the praise that even the most enthusiastic admirer might utter. I feel no disposition to disparage either the extent or usefulness of the improvements referred to.

The success that has followed the investigations, and experiments, that have been so persistently and zealously carried on in these departments, has gone far towards rescuing the science from its once debased condition, has been of immense advantage to mankind, and paved the way, perhaps, for still greater discoveries in the future.

Nevertheless it must have struck every observant student of the the past history, and present state, of this branch of practice, that, in one extensive and most important department, there have been no such signs of progress and improvement as have marked the recent developments of the others.

Reference is made, of course, to the department of medical ophthalmology. While the great attention that has, of late years, been paid to the morbid appearances which the eyes can possibly assume—aided by the ophthalmoscope, and other modern helps to investigation—immense advances have been made in our means of diagnosis—while a more exact knowledge of the anatomy and internal relations of these organs, and the invention of nicely adapted instruments, have, in the hands of skillful operators,

brought the strictly surgical department to a wonderful degree of perfection and success—in that other practical branch of our art, which relates to the treatment of all those numerous diseases, which do not require operative interference, all is confusion, contradiction, and doubt. Whether you examine the allopathic ophthalmo-therapie of our own country, or of England, France, or Germany, the contrast which its indefiniteness and empiricism, which everywhere prevail, with the scientific accuracy of the improved pathology and surgery, is equally striking.

The lack of any recognized scientific guiding principle, such as homœopathy possesses, to the selection and use of remedies, must always, as experience proves, encourage, and, in fact, necessitate, unscientific routine, or traditional treatment.

It is here that homœopathy supplies precisely what is wanting in the resources of the allopathic school. With its well attested law of *similia similibus*, and its extensive, and constantly augmenting, repertory of proved remedies, it undertakes the treatment of ophthalmic diseases, with the same assurance of success, that attends its judicious application in other curable disorders of the human frame.

It is in the exhibition and development of this important therapeutic agency, that the New York Ophthalmic Hospital, under its present auspices, possesses advantages over other institutions of the same kind—advantages, which, if availed of, as I trust they will be, by you and those who may succeed you, will redound to the benefit of your patients, and to the greater elevation, and ultimate perfection, of our divine art.

ARTICLE LXXXI.

Extract from the Report Presented to the Half-Orphan Asylum, New York, at its Thirty-second Anniversary, December 19, 1867.

The following extract from the report presented, at its thirty-second anniversary, December 19, 1867, to the Society for the Relief of Half-Orphan and Destitute Children, established in New York, December 16, 1835, gives some results of the medical treatment in the institution from its first establishment.

By refering to a former report it may be seen that the homœopathic practice was introduced into this Asylum in 1842, under very trying circumstances, as an experiment. For the last twenty-five years it has been the exclusive treatment here. This is long to

give it a fair trial, and the close of the first quarter of a century offers a fitting occasion for a brief statement of the result.

During the first seven years, from 1835 to 1842, under allopathic treatment, the average annual number was 106. Sum of the whole number annaully under treatment, 1,063. Deaths 22, or one in 48 of the whole number.

Ten years, from 1842 to 1852, average number, 184. Sum of whole number annually under treatment, 2,543. Deaths 21, or one in 121 of the whole number. Ten years, from 1852 to 1862, average number annually, 232. Sum of the whole number annually under treatment, 3,202. Deaths 20, or one in 160. of the whole number. Five years, from 1862 to 1867, average annual number, 220. Sum of whole number annually under treatment, 1,554. Deaths 6, or one in 259.

The rate of mortality changed under homœopathic treatment from 1 in 48, to 1 in 121; 1 in 160.; 1 in 259, or to state the fact in another manner, the mortality in the first seven years was over 20 in 1,000, and in the last twenty-five years it is only a little over 6 in 1,000. The average rate of mortality in all the other orphan asylums in the city, under the allopathic treatment during ten years, from 1842 to 1852, was more than three to our one.

Having had the exclusive medical care of this Asylum for the last twenty years, and having been permitted in the good providence of God to witness the results of an honest effort, faithfully to apply the true law of cure, I feel that it is due to the patrons of homœopathy in this institution, and to the cause of medical progress, that this statement should be made.

With such a record we may thank God and take courage.

It may be noticed that, while the number of children has very much increased, the mortality under homœopathic treatment has diminished.

In the first decade from 1842 to 1852, there were ten deaths from Asiatic cholera, all occurring in a few weeks, and four from a malignant typhus or ship fever, which was epidemic in the city.

In the second decade from 1852 to 1862, there were five deaths from typhus fever, the epidemic continuing, and four deaths from epidemic, malignant, scarlet fever, thus accounting for 14 out of 21 deaths in the first decade, and 9 out of 20 in the second, by diseases of unusual malignancy. This is believed to be the true explanation of the fact.

The causes of deaths during the last twenty-five years, were as follows:

	1842–1852.	1852–1862.	1862–1867.	Total.
Asiatic cholera	10	--	--	10
Typhus fever	4	5	--	9
Scarlet fever	1	4	--	5
Convulsions	2	2	1	5
Marasmus	--	3	--	3
Congestion of brain	--	1	1	2
Organic disease of heart	1	--	1	2
Pneumonia	--	1	1	2
Typhoid fever	--	--	1	1
Inflammation of brain	1	--	--	1
Dysentery	--	1	--	1
Gangrene of mouth	--	1	--	1
Purpura hemorrhagica	--	--	1	1
	21	20	6	47

ARTICLE LXXXII.

Annual Report of the New York Homœopathic Dispensary, for the year ending December 31, 1867. By JOHN S. LINSLEY, M.D.

The Dispensary is located at 109 West Thirty-fourth Street.

TRUSTEES.

President.—William H. Fogg, 32 Burling slip.

Vice-President.—A. C. Benedict, 28 Bowery.

Secretary.—Willard L. Felt, 47 Liberty street.

Treasurer.—William L. Andrews, 72 Gold street.

Jacob Capron, 1172 Broadway; Charles Angell, 457 West Twenty-second street; H. N. Twombly, 6 Park Place; E. P. Fowler, M. D., 22 West Twenty-ninth street; Wheeler H. Peckham, 18 Wall street; C. P. Frame, 75 Liberty street; H. B. Millard, M. D., 7 East Twenty-seventh street.

MEDICAL STAFF.

House Physician.—John S. Linsley, M. D., 149 East Thirty-ninth street.

Visiting Physician.—Theodore D. Bradford, M. D.

Surgery and Diseases of Women.—August B. Throop, M. D., 71 Irving Place.

Diseases of Women.—Ernst F. Hofmann, M. D., 40 East Thirtieth street.

Diseases of Eye and Ear, T. D. Bradford, M. D.

S. Lilienthal, M. D., 230 West Twenty-fifth street.

C. Otto Ficht, M. D., 469 Sixth avenue.

Joseph H. Wescott, M. D., 200 West Forty-second street.

Hamilton Rickaby, M. D., 258 West Forty-second street.

The Trustees of the New York Homœopathic Dispensary, in submitting their Annual Report for the year 1867, take great pleasure in stating that the success of the Institution, as regards the amount of good it is accomplishing, has been great, and is constantly increasing. The Dispensary has been in operation only six years and seven months. How much it has done, and with what rapidity its sphere of usefulness has increased in this short space of time, may be seen from the following statement:

From May 28th, 1860, to January 1st, 1861 (a period of seven months), there were treated	1,080	patients.
During the year 1861	2,548	"
" " 1862	6,563	"
" " 1863	7,257	"
" " 1864	8,650	"
" " 1865	11,666	"
" " 1866	10,238	"
" " 1867	11,073	"
Total number since its establishment	59,075	

The large number of cases of vaccination (2,327) in 1865, there being that year a severe epidemic of small pox, increased the sum total of patients treated that year to a number greater than that of any other year. Leaving out such cases, the number of patients has increased.

Classification of Cases Treated During the Year 1867.

Diseases of Women and Children	2,339
" Head and Abdomen	2,270
" Chest and Throat	1,747
" Skin	691
" Eye and Ear	327
Surgical Department	1,764

Vaccinations	572
Whole number of cases treated in the Visiting Department, and not included in the above classification	1,363
Total	11,073

Total number of deaths	43
Sent to Hospitals	109

Of the 11,073 patients, there were:

Natives of the United States	6,587
Natives of Great Britain	3,151
Natives of Germany	1,265
Natives of other countries	70
Males	4,123
Females	6,950
Over 15 years of age	5,990
Under 15 years of age	5,083
Total number of visits made by visiting physician,	5,523
Total number of prescriptions	25,375

DONATIONS AND SUBSCRIPTIONS.

R. L. & A. Stuart	$50
John D. Wolfe	50
Mrs. C. L. Spencer	50
W. L. Andrews	35
John Caswell	25
Chas. A. Macy	25
Wm. H. Macy	25
Josiah Macy's Sons	25
Jesse Hoyt	25
Geo. E. Belcher, M. D.	20
H. N. Twombley	20
Jacob Capron	15
J. M. Fiske	10
P. S. Hoe	10
J. Van Wagenen	10
Caleb B. Knevals	10
Mrs. Pendleton	10
J. F. Gray, M. D.	10
Thomas Hitchcock	10
W. C. Schermerhorn	10

O. D. Munn	$10
A. M. Coffin	10
J. U. Orvis	10
L. G. B. Cannon	10
E. P. Fowler, M. D.	10
B. S. Walcott	10
J. Buell	10
J. J. Hyde	10
W. L. Felf	10
John P. Crosby	5
E. Weston	5
Edmund Dwight	5
Chas. Partridge	5
A. J. Hamilton	5
G. R. Hill	5
Cash	25
	$590

TREASURER'S ACCOUNT.

Dr.

Repairs	$12 25
Fuel	28 75
Cost of incorporation	11 13
Sundry expenses, including collector's commission	245 50
Printing and stationery	109 50
Supplies (medicines, &c.)	377 96
Rent	611 44
Salaries	1,111 98
Balance	213 52
	$2,722 03

Cr.

Balance on hand January 1st, 1867	$132 03
Subscriptions	590 00
State donation	1,000 00
City donation	1,000 00
	$2,722 03

January 18th, 1868.

The institution, however, though it has been in the highest sense of the word *successful*, is nevertheless struggling for exist-

ence for the want of means. It commences the year 1868 with debts to the amount of $700. In order to avoid expending more than its resources justified, the trustees in November dismissed the visiting physician, in order that his very small salary ($500) might be saved to the Dispensary. This officer, it will be seen, made that year 5,523 visits, and treated 1,363 patients. Some of his patients lived up as far as Fiftieth street, and some as low down as Twenty-fifth street, and as far west as the North river.

Unless more money can be raised this year, the managers have resolved to economise by keeping the Dispensary open only *half* the time it is open at present (six hours daily), *or to close the institution entirely*—an alternative gloomy, but preferable to accumulating debts.

It is hoped, however, that the generosity of the public will prevent such a calamity, for such it would prove to thousands of suffering poor, and that sufficient will be contributed to justify the reinstatement of the visiting physician, whom all the sick poor living between Twenty-fourth and Fiftieth streets, and Sixth avenue and the North river, have heretofore had the privilege of sending for.

It is believed that no similar institution in the world can show more success, as regards the saving of life, or greater results as regards the treatment of a large number of sick, for so small an amount of money. Of the 43 deaths out of the 11,073 patients, nearly every one was from some illness incurable from its very nature. The actual cost of treating 11,073 patients last year, and supplying them with medicines, did not exceed $3,200! This of course included *every* item, rent, printing, etc.

The Dispensary is open from 10 A. M., daily, except on Sundays, when it is open from 10 A. M. to 4 P. M.

Contribution may be sent to

WM. L. ANDREWS, *Treasurer*,
72 GOLD STREET, *or to any of the Trustees.*

ARTICLE LXXXIII.

Thirteenth Annual Report of the Bond Street Homœopathic Dispensary, and its Branch, from February 1st, 1867, to February 1st, 1868. By OTTO FULLGRAFF, M. D.

Founder and Manager.—Otto Füllgraff, M. D.

Attending Physicians.—Drs. J. P. Ermentraut, C. W. Kuhn, C. E. Campbell, H. H. Warner, H. B. Hund, C. Theo. Liebold, Edward

Higgins, F. C. Hilmer, A. McCullum, H. E. Powell, Fred. Danne, F. Seeger.

Oculist.—C. Theo. Liebold, M. D.

Surgeons.—Drs. C. Theo. Liebold, C. E. Campbell.

Resident Surgeon.—C. E. Campbell, M. D.

Resident Physicians.—Drs J. P. Ermentraut, (assistant manager, branch office, 194 E. 7th st.,) C. W. Kuhn, C. E. Campbell, H. E. Powell.,

Visiting Physicians.—Drs. J. P. Ermentraut, C. W. Kuhn, C. E. Campbell, H. E. Powell, F. C. Hillmer.

Dental Surgeons.—J. Judson Campbell, C. W. Kuhn, C. E. Campbell.

Medical Students.—Henry Saltzwedel, C. A. Thoma, Charles Maurice Vergnes.

Directors.—A. Oakey Hall, Rufus F. Andrews, S. B. Garvin, Orlando L. Stewart, Chas. E. Loew, Shepherd Knapp, E. V. Loew, Robert Gracie, Otto Füllgraff, M. D.

To the Patrons of Homœopathy,
in behalf of the Bond street Homœopathic Dispensary:

Kind reader, pause, and let your eye
Rest on these lines. Oh! pass not by,
With simple glance and careless air,
A fervent hope—an earnest prayer—
Which my own soul to you doth make.
Read for humanity's sweet sake.

* * * * * * * *

In this proud city where you dwell,
As many a thankful togue can tell—
Built up by noble hearts and hands—
A consecrated building stands;
Built step by step, thro' days and years
Of anxious thought and anxious fears—
Of tender hopes, whose ebb and flow
Only God and the angels know.
Ah! what numbers daily pour
Thro' that ever opening door;
Could those silent walls convey
The kindly skill that, day by day,
Hath eased life's agony and pain,
No tongue, methinks, would ask in vain
Your chary bounty to sustain,
By noble gift or kindly deed,
This work, of which the world hath need.
Ask you the facts? ask you the proof?
Go find it, friend, beneath that roof.

Or seek the poor, or camly turn
The pages of this book, and learn
How, year by year, with steady flow,
Tho' helping hands are few and slow,
The work succeeds—the numbers grow.

* * * * * * * *

You who have won the boon of health;
You who are rich in worldly wealth—
The *patrons* of a school that stands
Formost and honored in all lands—
To you we look; from you we ask
Assistance in our onerous task.
No charity that men can name
Hath on the heart a surer claim.
In health, in strength, in mercy strong,
To you I dedicate my song;
To you the suffering poor belong.
Here lies the field beneath your eyes.
The veriest trifle that supplies
Strength to the weak; that stifles pain;
That gives new life to heart and brain—
As earth is sure and Heaven is true—
Shall be returned tenfold to you.
No kindly soul gone to its rest
Hath ever made one small bequest,
That this great need for which we strive,
With anxious hearts, might live and thrive.
To heathen lands our tracts are sent;
On far-off griefs our eyes are bent.
Not mine the heart that can despise
Sweet charity, where'er it flies;
Yet here the adage well applies—
The adage oft misused and old,
Yet in its essence true as gold—
That *charity inclined to roam,*
Should *know* that *things are straight at home.*

* * * * * * * *

Ah! madam, from your happy home
Let yonr bright eyes a moment roam;
In mercy's name extend your hand
To where your suffering sisters stand;
A trifle for the afflicted poor,
Madam, the record shall endure
When all we know of time or worth
Shall fade and perish from the earth.
'Twill lend a grace to your sweet face
Fairer than all the costliest lace,
Tho' decked with every precious stone—
Brighter than all the gems you own.

No charity more great can live,
And yet, *how few* the hands that give;
How *few* the hearts, our records show,
That *feel* a suffering brother's woe.

* * * * * * * *

For many years—aye, from the start—
Sustained by one strong hand and heart,
Which, step by step, hath reached the goal,
Thro' toils that well might daunt the soul,
This building stands—*hope for the poor.*
Shall the toils of twelve long years endure?
Shall this great source, from which were born
New structures for the weak and lorn;
Say, shall it live? our boast and pride,
The charity that doth provide
Solace and comfort, help and cure
For thirty thousand suffering poor;
Say, shall it live? this need so great.
How many hearts your answer wait.

RUTH N. CROMWELL.

Our Dispensary has now been in successful operation for thirteen years. It is still located, where first founded, at 59 Bond street, and is open daily, from 2 to 5 o'clock, P. M. These are the regular hours, but the institution is in fact, open nearly the whole day; some one of the resident or visiting physicians being continually in attendance, to answer the calls of the sick poor, who may be unable to come during the regular hours. Those of our patients living in the extreme eastern section of the city, are attended to between 12 and 2 P. M., at our Branch Office, 194 E. Seventh street, by Dr. J. P. Ermentraut and several other assistants.

During the past year, 1867, as we have stated elsewhere, 26,046 patients have been treated by this charity, and 50,122 prescriptions given, including 8,325 out-door visits made by the physicians and surgeons connected with this Institution.

We deem it still a matter of interest, to recapitulate the gradual (and sometimes even extraordinary) increase in the number of patients each year since the establishment of this Dispensary.

Year ending Jan. 31.	Cases attended at Dispensary.	Out-door visits.	Prescrip. given.
1856 (Founded)	521	.....	1,895
1857	1,024	.....	4,023
1858	1,808	.....	7,436
1859	2,077	.....	8,276
1860	2,195	.....	8,301

Year ending Jan. 31.	Cases attended at Dispensary.	Out-door visits.	Prescrip. given.
1861	3,018	.....	9,132
1862	5,130	.....	13,660
1863	8,159	4,200	24,389
1364	14,195	7,425	35,387
1865	17,106	8,067	42,765
1866	24,086	8,123	46,160
1867	25,056	8,245	48,036
1868	26,046	8,325	50,122
Total for thirteen years	130,421	44,385	299,582

These figures of facts ought to be sufficiently convincing to our most sceptical opponents, that the influence of homœopathy is not on the decrease, but flatteringly, has a contrary tendency.

The clinique for the surgical and medical treatment of diseases of the eye, is still successfully presided over by our skillful and thorough oculist and surgeon, Dr. C. Theo. Liebold, (formerly a pupil of the celebrated Baron Von Graefe, of Berlin, Prussia).

Of the treatment of nasal catarrh and diseases of the throat, either acute or chronic, we can speak still more confidently. The success attending our new mode of operating in such cases, referred to at length in a former report, has been positive, and in many instances even remarkable. We cordially invite any of our professional brethren to witness, and examine for themselves, the mode of operating, the instruments, and the medicines used.

We are again under great obligations to B. Kieth & Co., 41 Liberty street, for a very liberal donation of their reliable concentrated medicines. Before concluding this report, our own heartfelt thanks, and those of the community at large, must be tendered to our resident and visiting physicians, Drs. J. P. Ermentraut, C. W. Kuhn, C. E. Campbell, E. H. Powell and J. Judson Campbell, for their almost unceasing and untiring duties, in attending to the calls upon the sick. Dr. H. B. Hund, one of our faithful co-laborers in the work of relieving the sick-poor, and living as he does in the extreme south-eastern part of the city, has the good will of many of his fellow-creatures, to whom he always cheerfully and efficiently rendered his services, aside from being punctually in his place at the Dispensary.

If all our young physicians on leaving college, and who are able to remain in the city, would take their share in the good work we are engaged in, they would learn to work, gain a sound

and most valuable experience, do good to the suffering poor, and prepare themselves for a more successful future.

Our contributions towards supporting this useful Institution, from among the large number of rich patrons of homœopathy, are as limited now, as they were when our record showed only a few thousand patients annually. We need not say anything more; for the happy lines on the preceding pages contain all the necessary points.

The list of those physicians and students who have at different periods been connected with our Dispensary is here repeated and continued:

Drs. William Banks, Alabama.
Theodore Liebold, Germany.
Ernst F. Hofmann, Germany.
J. W. Mitchell, Washington Heights.
Prof. Vander Weyde, M. D., Holland.
Drs. B. R. Abbe, Boston, Mass.
B. D. Chase, Natchez, Miss.
Charles W. Torrey, N. Y.
G. W. Richards, Orange, N. J.
F. Bond, Brooklyn.
J. S. Woods, N. Y. (deceased.)
J. L. Wade, N. J.
George E. Bouton, N. Y.
Achille Ascoli, Italy.
Henry B. Millard, B. A., N. Y.
W. J. Baner, N. Y.
Charles Pfaff, Germany. (deceased.)
Prof. J. A. Carmichael, M. D., N. Y.
Mr. H. Freudenberg, Electrician, Germany.
Drs. W. Faulkner Brown, N. Y.
H. H. Warner, N. Y.
A. Savary, Paris, France.
J. R. Andrews, N. Y.
P. Daum, St. Paul, Minnesota.
William Murrell, Mobile.
Anerum B. Burr, N. C.
Ciro S. Verdi, Italy.
H. S. Filbert, N, Y.
Tulio S. Verdi, Italy.

George L. Freeman, N. Y.
H. Raphael, Prussia.
William Carlton, Canada West.
Benjamin Lasits, Germany, (deceased.)
Charles Hait, N. Y.
J. P. Ermentraut, Germany.
A. E. Sumner, Conn.
G. Bloede, Germany.
A. F. Steinhof, Canada West.
Fred. B. Mandeville, N. J.
Fred R. Dixon (Dentist), N. Y.
J. J. Gillispie (Dentist), N. Y.
Drs. C. L. Von Trencke, Germany.
S. W. Saylor, N. Y.
Virgil Thompson, Mass.
A. M. Woodward, Mass.
W. B. Hallock, N. Y.
C. F. Lauer, Pa.
W. S. Baker, Newark, N. J.
C. M. Hunt, Meridian, N. Y.
C. H. Miller, New York City.
M. J. Jesuren, Curaçao, W. I.
Fred. Danne, New York City.
J. S. Holtby, C. W.
W. P. Hocking, C. W.
J. Palmer, Mass.
A. R. Beach, N. J.
Harry Lake, N. Y.
F. L. O. Roerig, U. S. A., Germany.
Manuel Trujillo (Dentist), Mexico.

Formerly Consulting Physicians.

Drs. Alfred Freeman, N. Y. (deceased.)
A. D. Wilson, N. Y. (deceased.)
E. E. Marcy, N. Y.
A. S. Ball, N. Y.
R. M. Bolles, N. Y. (deceased.)
Egbert Guernsey, N. Y.
L. T. Warner, N. Y.

Form of Disease.	Number of cases.	Cured.	Relieved.	Result unknown.	Died.
Accouchments	93	93	....	....	....
Angina faucicum, tonsilitis and laryngitis	1827	1607	96	124	....
Asthma	145	73	52	20	....
Bronchitis, acute and chronic	371	231	82	49	9
Cancrum oris	661	550	....	111	....
Catarrh nasalis	642	495	89	58	....
Cephalalgia	1012	806	184	22	....
Chlorosis	230	146	54	30	....
Cholera infantum	172	100	....	58	14
Cholera morbus	326	266	....	60	....
Colic	252	207	....	45	....
Contusions and sprains	1227	1084	....	143	....
Croup, spasmodic and membraneous	75	62	...	10	3
Constipation	2242	1673	325	244	....
Diarrhœa	2453	2351	....	102	....
Digestion, derangement of	1122	862	118	142	....
Diptheria	49	35	....	11	3
Dysentery	338	301	....	35	2
Erysipelas	102	102	....	....	....
Eye, and its appendages	686	498	103	85	....
Fever, scarlet, intermittent, continued and typhoid	426	360	....	60	6
Gonorrhœa—syphilis, primary and secondary	295	243	....	52	....
Hæmorrhoids	181	80	82	19	....
Hepatitis, acute and chronic	51	32	8	11	....
Hydrocephalus	14	7	....	2	5
Influenza	972	810	....	162	....
Measles	117	117	....	....	....
Neuralgia, of face and other parts	585	465	81	39	....
Pleurisy, acute and chronic	94	68	19	6	1
Phthisis	24	....	10	11	3
Pneumonia	137	134	....	....	3
Rheumatism, acute and chronic	1561	1076	355	130	....
Spermatorrhœa	45	30	6	9	....
Surgery in all forms, including dental	3680	3680	....	....	....
Skin, diseases of the	1255	1020	....	235	....
Vaccination	725	725	....	....	....
Whooping cough	398	288	....	107	3
Womb, (uterine diseases generally)	1062	660	301	101	....
Worms, cases of	399	305	....	94	....
Number of cases	26,046	21,642	1,965	2,387	52

Total number prescriptions.. 50,122
Including out-door visits.... 8,325

NAMES OF SUBSCRIBERS AND AMOUNT OF SUBSCRIPTIONS RECEIVED DURING THE YEAR, ENDING FEBRUARY 1ST, 1868.

From the Common Council of the City of New York, inclusive State appropriations..... $3,300 00

Subscriptions of $25 each.

Mrs. Robert L. Stuart, Jonathan Sturges, John Caswell, Samuel Wetmore, Josiah Macy's Sons, Thomas Suffern, J. O. Alston, Josiah Lane.... 200 00

Subscriptions of $20 each.

Henry Morgan, J. C. Barnes, Misses Binney, M. H. and Cashman, Theodore Victor, Misses S. M. and A. Hitchcock, Edwin Booth, Mrs. Jas. Boorman. 160 00

Subscriptions of $10 each.

Mrs. John Johnston, G. N. Miller, Mrs. Jonathan Thorne, Stephen Cambreleng, W. A. Booth, Henry Nicoll, Thomas Hitchcock, Wm. Allen Butler, Thos. L. Cornell, W. D. Mangam, John R. Cecil, Robt. Dillon, Thos. Denny, Mrs. S. W. Bridgham, Jacob Van Wagenen, Stephen R. Lesher, G. B. Stetson, James L. Mitchell, L. M. Rutherford, W. L. Cogswell, Mrs. Andrew Dunlap, Arch. Russell, M. Armstrong, Wilson G. Hunt, Reuben Burkhalter, C. Burkhalter, Mrs. Elizabeth T. Hicks, John G. Wellstood, Wm. A. Tooker, John D. Dix, John T. Adams, Jacob Eckerson, A. Foster Higgins, P. M. Suydam, ($15) 345 00

Subscriptions of $5 each.

Mrs. L. Hopkins, Miss P. A. Thorne, Wm. C. Schermerhorn, L. E. Schultz, Wash. Murray, A. Vanderpool, Mrs. Wm. H. Hyde, Miss Emma Hyde, B. G. Arnold, G. W. Carson, G. F. Betts, J. C. Kendall, B. J. Howland, Harris Colt, H. A. Swift, Chas. Taylor, Robert Haydock, E. H. Ludlow, J. B. Murray, Wm. K. Thorn, D. M. Earl, F. H. Delano, H. H. Salmon, H. B. Van Aucken, E. C. Benedict, Charles Place, Mrs. Robt. Nicholson, Mrs. C. O. Halsted, Mrs. S. A. Dean, Barrett

Ames, Charles J. Gillis, Frank E. Howe, Mrs. Aug. Schermerhorn, Bayard Clarke, N. B. Lane, D. Marley, S. M. Cornell, D. Stewart, W. W. Clay, Seb. Sommer, Miss Emily Anthon, Josiah Oakes, Samuel Churchill, John B. Maltbie, Wm. Hadden, Wm. Walker	230 00
	$4,235 00

Expenses from February 1st, 1867, to February 1st, 1868.

To rent for dispensary and eastern branch	$880 00
" cleaning and washing towels and bed linen	97 47
" medicines, alcohol, sugar, sugar of milk, vials, corks, and powder paper	971 47
" medical books, journals, bindings and daily papers,	136 25
" surgical, uterine, dental and other instruments	78 60
" physicians for out-door services	1,350 00
" wood and coal for both dispensaries	85 75
" gas bill	37 20
" 3,000 annual reports	95 00
" postage for distributing annual report	40 00
" 24,000 dispensing cards	120 00
" stationery	41 28
" toweling, bed sheets and pillow cases	36 00
" hire, patent bedsteads and repairs	25 00
" alterations, general repairs, kalsomining and repairs	89 62
" collector, for collecting and soliciting subscriptions	29 00
" sundries	227 00
" last years' deficiency	127 03
Total amount of expenses	$4,466 57
" " received	4,235 00
Leaving a deficiency of	$231 57

OTTO FULLGRAFF,

Founder and Manager.

New No. 106 East Fifteenth St., N. Y.

ARTICLE LXXXIV.

Statement of Diseases treated at the Hospital in connection with the Five Points House of Industry, from March 1st, 1867, to March 1st, 1868. By B. F. JOSLIN, M. D.

During the past year, 935 cases of sickness occurred; four of these were sent to Bellevue Hospital, leaving 931 to be treated in this institution. Of typhus and typhoid fever only eight cases are reported; a much less number than has been usual in previous years.

Scarlet fever twice started in the house, but on each occasion belladonna was given as a preventive, not only to the children more directly exposed in the hospital room, but to all of the children in the institution. The result was most satisfactory, as in all only eight cases of this dreaded disease occurred; these were treated successfully.

Measles furnished twenty cases. Of ophthalmia 129 cases occurred; one sent to the hospital, and the others treated successfully in the house.

One case of gangrene of the mouth was cured; in a former year I reported two cases cured, a pleasant success with a disease so generally fatal.

108 cases of diarrhœa, 83 of bronchitis, and 54 of sore throat are reported; forty cases of various injuries occurred, all treated in our hospital.

The tabular statement contains the names of all diseases treated.

Of the eight fatal cases, two deaths were from consumption, one from hip disease, one from Bright's disease of kidneys—this patient had also been the subject of hip disease; one from acute hydrocephalus. All of these are diseases of a scrofulous character. The children having hip disease had both been apparently cured at one time. An infant died from general debility, having with difficulty sustained life for two months. A little girl was taken sick from outside, ond died in our hospital of typhoid pneumonia.

I. have made sixty-four visits to the House, besides frequently consulting with our capable and efficient resident physician, Henry C. Houghton, M. D.

2,374 prescriptions were given, and 438 children vaccinated. Three years have elapsed without the occurrence of a case of small-pox or varioloid, a result I consider owing to the care taken in vaccinating the inmates.

Our present hospital room, though admirable in some respects, is quite insufficient to properly accommodate all the demands

made upon us by the sick children. The very serious evil of having to treat all diseases, contagious or otherwise, in one room, is too apparent to require comment. Scrofulous ophthalmia will always be found among the class of children we deal with, and is readily communicated from one to another. Typhus fever, scarlet fever, and measles occasionally visit us.

Apart from the contagious character of these diseases, another very important reason for separation in different wards is found in the very different kind of care required. Ophthalmia and typhus fever require a constant supply of pure air of a moderate temperature; the poisonous emanations are thus rendered harmless by being diluted with plenty of air. Scarlet fever and measles, though of course requiring good ventilation, cannot with impunity be exposed to the strong draughts of air found useful with the other diseases named.

It is to be hoped that at some time not too far in the future we may be the occupants of several fine wards, with the much needed convenience of baths and cooking apparatus for hospital purposes.

TABULAR STATEMENT.

Name of Disease.	Number of cases occurred.	Sent to hospital.	Treated at House.	Died.
Typhus fever	2	..	2	..
Typhoid fever	6	..	6	..
Intermittent fever	8	..	8	..
Ephemeral fever	21	..	21	..
Erysipelas	2	..	2	..
Varicella	1	..	1	..
Scarlatina	8	..	8	..
Measles	20	..	20	..
Urticaria	1	..	1	..
Eruptions in general	82	..	82	..
Furunculus	17	..	17	..
Abscesses	8	..	8	..
Ulcers	9	..	9	..
Injuries	40	..	40	..
Dropsy	1	..	1	..
Œdema	1	..	1	..
Scrofula	8	..	8	..
Enlarged glands	9	..	9	..
Morbus coxarius	3	..	3	1
Periostitis	4	..	4	..
Paronychia	17	..	17	..
Alcoholism	3	..	3	..
Rheumatism	21	..	21	..
Prostration	3	..	3	1
Venereal	1	1	..	..
Cephalalgia	50	..	50	..

Name of Disease.	Number of cases occurred.	Sent to hospital.	Treated at House.	Died.
Convulsions	2	..	2	..
Night sweats	1	..	1	..
Wry neck	1	..	1	..
Neuralgia	6	..	6	..
Ophthalmia	129	1	128	..
Hordeolum	5	..	5	..
Inflammation of lachrymal sac	1	..	1	..
Coryza	1	..	1	..
Deafness	1	..	1	..
Otorrhora and otalgia	17	..	17	..
Dentition	1	..	1	..
Odontalgia	9	..	9	..
Extraction of teeth	6	..	6	..
Parotitis	1	..	1	..
Cancrum oris	2	..	2	..
Gangrene of the mouth	1	..	1	..
Sore throat	54	..	54	..
Diphtheria	1	..	1	..
Cough	11	..	11	..
Bronchitis	83	..	83	..
Bronchitis chronic	1	..	1	..
Hooping cough	9	..	9	..
Pneumonia	5	..	5	..
Typhoid pneumonia	1	..	1	1
Pleurisy	5	..	5	..
Pleurodynia	1	..	1	..
Phthisis	5	..	5	3
Heart disease	3	..	3	..
Gastric derangement	36	..	36	..
Gastralgia	5	..	5	..
Dyspepsia	9	..	9	..
Diarrhœa	108	..	108	..
Dysentery	8	..	8	..
Cholera morbus	1	..	1	..
Colic	4	..	4	..
Hepatitis	4	..	4	..
Prolapsus ani	8	..	8	..
Helminthiasis	4	..	4	..
Constipation	21	..	21	..
Bright's Diseases of kidneys	1	..	1	1
Acute hydrocephalus	1	..	1	1
Dysmenorrhœa	3	..	3	..
Amenorrhœ	7	..	7	..
Leucorrhœa	1	..	1	..
Enuresis	2	..	2	..
Peritonis	1	1	..	..
Parturition	1	1	..	..
Sciatica	1	..	1	..
	935	4	931	8

RECAPITULATION, 1867–1868.

Total number of cases	935
Sent to hospital	4
Treated at the House	931
Died at the House	8
Prescriptions	2,374
Visits by Dr. Joslin	64
Vaccinated	438

ARTICLE LXXXV.

Tribute to the Memory of the late Dr. JAMES M. QUIN. Extract from the North American Journal of Homœopathy, May, 1868.

We announce with regret the death of this distinguished physician, accomplished gentleman, and old and respected citizen, which occurred at his country residence, Morrisania, N. Y., on the banks of the East River, on Friday night, March 27, 1868. Dr. James M. Quin was born in New York in 1806, in a house on the corner of Barclay and Church streets, and at the time of his death had reached the ripe age of 62 years. His career was closely associated with the development of the one great science homœopathy, and of the kindred arts of music and painting. He was a student of Columbia College, from whence he graduated with all the honors, after a contest with some of the most brilliant minds of the day. He was afterward Professor of Latin and Greek at the College, and the late Dr. Anthon pronounced him as second only to himself in the knowledge of those languages. Subsequently he studied medicine with Dr. Hosack, but after practicing allopathy for several years he became a convert to the doctrines of Hahnemann. The desire to thoroughly master the principles of homœopathy led him to the study of the German, and subsequently of the French language, in both of which he became singularly proficient.

As a physician he had a wide-spread popularity, based upon success resulting from a profound knowledge; his specialties being those of the throat and chest, necessarily brought him into contact with all the eminent vocal artists of the day, and as he could discourse fluently not only in the before mentioned languages, but also in Italian and Spanish, his office, at times, was a sort of polyglot institute, of which he was the professor. He was himself an accomplished musician, and a good amateur peformer on the violin. Mozart's Requiem was first performed in this country at the old

house in Barclay street, and it is generally believed that the violin quartettes of Haydn, Mozart and Beethoven, were played first in America by himself and his friends. His library of instrumental classics comprises nearly all the choice works extant. He was an acute critic of music and painting, and was a generous and judicious patron of both. He was of a quick, genial and liberal nature; in his profession, rapid, discerning and decided, he rarely failed of success. By his death, science has lost a shining light. and art a true and admiring disciple; while the followers of art have lost a friend whose heart was ever open to sympathy, and whose purse was never closed in the hour of need. His death has caused unfeigned sorrow among a wide and varied circle, for few men had so many warm friends. The world halts not for the loss of one man, but thousands will feel to-day that one has gone from among us, who, as adviser and friend, could hardly be replaced.

The funeral service at St. Stephen's Church was magnificently performed, and a vast number of the eminent of all professions assembled to do honor to the occasion."

ONEIDA COUNTY MEDICAL SOCIETY.

ARTICLE 86.—List of Officers, Delegates, Committees and Members.
87.—Report of the Oneida County Homœopathic Medical Society, comprising:
A. Proceedings of the Society from its Organization, October 20, 1857, to the Fifth Semi-Annual Meeting, June 17, 1862.
B. Proceedings of the Tenth Semi-Annual Meeting, held June 18, 1867.
C. Proceedings of the Eleventh Annual Meeting, held October 15, 1867.
By H. WILLIS, M. D., Secretary.
88.—Placenta Previa. By C. JUDSON HILL, M. D., of Utica, N. Y.
89.—Petroleum in the Treatment of Burns. By G. J. JONES, M. D., of Liverpool, O.

ARTICLE LXXXVI.

List of Officers, Delegates, Committees and Members. 1867.

Officers.

Drs. L. B. Wells, President.
S. O. Scudder, Vice-President.
H. Willis, Secretary and Treasurer.

Censors.

Drs. A. E. Zeitler, C. H. Thompson, M. M. Gardner, A. B. Southwick.

Delegates to the State Medical Society.

Drs. M. M. Gardner, J. C. Raymond, W. B. Stebbins, W. H. Watson.

Honorary Members.

Drs. T. F. Pomeroy	Detroit	Michigan.
D. D. Loomis	Morrisville	Madison county.
Silas Bailey	Toledo	Ohio.
C. W. Boyce	Auburn	Cayuga county.
J. R. White	New York	New York county.
R. D. Landon	Fredonia	Chautauqua co.
J. Younglove	Elizabeth	New Jersey.
G. W. Bailey	do	do
W. R. Gorton	Detroit	Michigan.
W. M. Gwynn	Throopsville	Cayuga county.
D. Chase	Palmyra	Wayne county.
E. R. Heath	Wyandotte	Kansas.

C. Dunham	New York	New York county.
H. M. Smith	do	do
H. M. Paine	Albany	Albany county.
*A. A. Mason	Knox Corners	Oneida county.
H. Robinson, sr.	Auburn	Cayuga county.
H. B. Fellows	Aurora	do
W. A. Hawley	Syracuse	Onondaga county.
A. R. Morgan	do	do
J. G. Bigelow	do	do
W. H. Hoyt	do	do
G. B. Palmer	East Hamilton	Madison county.
G. L. Gifford	Hamilton	do
J. A. Paine	Newark	New Jersey.

Members.

Drs. J. C. Raymond	Utica	Oneida county.
L. B. Wells	do	do
W. H. Watson	do	do
M. M. Gardner	do	do
C. J. Hill	do	do
John J. Edic	do	do
H. Willis	Clinton	do
E. A. Munger	Waterville	do
L. Bishop	Sauquoit	do
S. O. Scudder	Rome	do
H. Hadley	Boonville	do
W. Warren	do	do
L. B. Waldo	Adams	Jefferson county.
*D. D. Joslin	Pierpont Manor	do
W. B. Stebbins	Little Falls	Herkimer county.
J. W. Mower	West Schuyler	do
W. Landt		do
N. Spencer	Windfield	do
Abram Guiwits	Salisbury Center	do
A. B. Southwick	Rome	Oneida county.
C. H. Thompson	Clayville	do
A. E. Zeitler	Camden	do
D. A. Van Derbingts	do	do

The annual meeting is held on the third Tuesday of October; the semi-annual meeting on the third Tuesday of June.

* Deceased.

ARTICLE LXXXVII.

Report of the Oneida County Homœopathic Medical Society, comprising:
A. Proceedings of the Society from its organization, October 20th, 1857, to the Fifth Semi-Annual Meeting, June 17, 1862.
B. Proceedings of the Tenth Semi-Annual Meeting, held June 18th, 1867.
C. Proceedings of the Eleventh Annual Meeting, held October 15th, 1867.
By H. WILLIS, M. D., Secretary.

A.

PROCEEDINGS OF THE SOCIETY FROM ITS ORGANIZATION.

The Oneida County Homœopathic Medical Society was organized October 20th, 1857.

The homœopathic physicians of the city of Utica, held an informal meeting at the office of Dr. L. B. Wells, October 6th, 1857, for the purpose of taking the preliminary steps to the permanent organization of a County Homœopathic Medical Society.

It was decided to invite the homœopathic physicians of Herkimer county to unite with their professional brethren of Oneida county in organizing a Society; and Dr. Thomas F. Pomeroy was requested to issue a call for a meeting to be held for that purpose, at the Mayor's office, in the city of Utica, on Tuesday, October 20th, 1857.

Present, Drs. T. F. Pomeroy, L. B. Wells, J. C. Raymond, and William H. Watson.

In compliance with this request, the following call was issued to the homœopathic physicians of both counties:

"In compliance with the act of the Legislature, passed April 13th, 1857, authorizing the formation of County Homœopathic Societies, you are hereby notified that a meeting of the homœopathic physicians of the counties of Oneida and Herkimer, for the purpose of organizing a County Homœopathic Medical Society, will be held at the Mayor's office in the City Hall, in Utica, October 20th, at two o'clock, P. M."

(Signed) THOMAS F. POMEROY.

UTICA, *Oct.* 10*th*, 1857.

FIRST MEETING OF THE SOCIETY.

At a meeting held in the Mayor's office in the city of Utica, October 20th, 1857, the following named gentlemen were present:

Drs. John A. Paine..... Utica..... Oneida County.
E. A. Munger..... Waterville..... do

Drs. L. B. Wells	Utica	Oneida county.
J. C. Raymond	do	do
W. H. Watson	do	do
Thomas F. Pomeroy	do	do
H. M. Paine	Clinton	do
W. B. Stebbins	Little Falls	Herkimer County.

On motion of Dr. Watson, a temporary organization was effected by the appointment of Dr. J. A. Paine as Chairman, and Dr. Thomas F. Pomeroy as Secretary.

Dr. J. C. Raymond stated the object of the meeting to be the formation of a County Medical Society of homœopathic physicians in accordance with the laws of the State and with especial reference to an act of the Legislature passed April 13, 1857, entitled "An act for the organization of Homœopathic Medical Societies."

On motion the chair appointed Drs. Watson, Raymond and Munger, a committee to report to the meeting a form of constitution and by-laws.

The chair also appointed Drs. L. B. Wells and H. M. Paine, a committee to report suitable names as candidates for the officers of the Society.

The committee on constitution and by-laws then reported through its chairman, and on motion the report was accepted and the committee discharged.

On motion it was resolved, that the meeting at once proceed to act upon the constitution and by-laws as reported by articles and sections separately, which action resulted in the adoption of the constitution and by-laws hereto annexed.

The gentlemen present then affixed their signatures and paid the required fee, thus perfecting the organization of the Homœopathic Medical Society of the County of Oneida, in the State of New York.

The committee for the nomination of officers then reported, and on motion their report was accepted, and the committee discharged.

The Society then, on motion, proceeded to the election of its officers for the ensuing year, the balloting resulted in the election of the following named gentlemen:

Dr. E. A. Munger, Waterville, President.
W. B. Stebbins, Little Falls, Vice-President.
Thomas F. Pomeroy, Utica, Secretary and Treasurer.
W. H. Watson, Utica, Librarian.

Censors.

Dr. L. B. Wells, Dr. H. M. Paine, Dr. J. C. Raymond

Delegates to the State Medical Society.

Dr. L. B. Wells, Dr. E. A. Munger,
W. H. Watson, H. M. Paine.

Delegates to the American Institute.

Dr. L. B. Wells, Dr. W. H. Watson.

Chairman of the Bureau of Materia Medica.

W. H. Watson.

It was on motion resolved, that every member of this Society be constituted a member of the Bureau of Materia Medica, with Dr. Watson as chairman of that bureau.

On motion, Drs. Wells, Raymond, and Watson, were appointed a committee to arrange the constitution and by-laws for publication, with authority to publish the same.

On motion, the first semi-annual meeting was appointed to be held at the village of Waterville.

On motion, Dr. Raymond was appointed to furnish the Society a biography of the late Dr. Stewart, formerly a homœopathic practitioner in this county.

Dr. H. M. Paine then read a report of several provings of rumex crispus, upon himself, which on motion, was referred to the chairman of the Bureau of Materia Medica.*

Dr. H. M. Paine was requested by a resolution to that effect, to procure if possible, copies of the blanks prepared for medical statistics, for the use of the members of this Society.

On motion, it was resolved that the thanks of the members of this Society be tendered to the Mayor of the city for the use of his room, for the present meeting of the Society.

There being no further business before the Society it was accordingly adjourned.

(Signed) THOMAS F. POMEROY, *Secretary.*

The form of constitution and by-laws adopted by the Society was the same as that adopted by the Albany County Society, and published in the fifth volume of Transactions of the State Society, page 59, 1867.

The constitution bears the signatures of

* Incorporated in the article entitled "Rumex crispus, Hale's New Remedies."

E. A. Munger	Waterville	Oct. 20, 1857.
L. B. Wells	Utica	do
J. C. Raymond	do	do
Thomas F. Pomeroy	do	do
William H. Watson	do	do
J. A. Paine	do	do
H. M. Paine	Clinton	do
William B. Stebbins	Little Falls	do
*A. A. Mason	Knox Corners	June 22, 1858.
D. D. Loomis	Bridgewater	Oct. 19, 1858.
Leverett Bishop	Sauquoit	June 21, 1859.
Silas Bailey	Utica	do
C. Judson Hill	do	do
Woodford Warren	Deerfield Corners	do
S. D. Scudder	Rome	do
M. M. Gardner	Holland Patent	Oct. 18, 1859.
Nathan Spencer	Windfield	June 19, 1860.
Hiram Hadley	Boonville	Oct. 16, 1860.
J. W. Mower	West Schuyler	June 18, 1861.
Harrison Willis	Clinton	June —, 1865.
Gaius J. Jones	Holland Patent	Oct. 16, 1866.

FIRST SEMI-ANNUAL MEETING.

The semi-annual meeting of the Society was held pursuant to adjournment, at the village of Waterville, June 15, 1858.

Dr. E. A. Munger, President, in the chair.

Present, Drs. Raymond, Wells, H. M. Paine, Watson, Munger, and Pomeroy, as members of the Society.

Dr. A. A. Mason, of Knox Corners, and Dr. Barker, of Madison, were also present.

The minutes of the last meeting were read and approved.

The committee on constitution and by-laws reported progress, and asked for further time, which was granted.

On motion of Dr. Raymond the committee on constitution and by-laws was instructed to make the fee for membership in the Society two dollars instead of one, as heretofore; and that the members pay each a dollar more in compliance with the requirements of this resolution.

Dr. Raymond then read a brief but interesting memoir of Dr. Stewart as by appointment at the last meeting.

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* Deceased.

On motion this was accepted and ordered to be published, and the thanks of the Society returned to Dr. Raymond.

Dr. A. A. Mason, of Knox Corners, on recommendation of the Censors of the Society, and on payment of two dollars, the fee for membership, was duly constituted a member of the Homœopathic Medical Society of the county of Oneida, and signed his name to the constitution.

Drs. Munger, Wells, Raymond, H. M. Paine, Watson and Pomeroy, each paid the additional dollar, thus complying with the requirements of the by-laws.

There being no further business before the Society, it was adjourned until the third Tuesday of October.

(Signed) THOMAS F. POMEROY, *Secretary.*

SECOND ANNUAL MEETING.

The second annual meeting of the Homœopathic Medical Society of the county of Oneida was held at the office of Dr. Watson in the city of Utica, October 19, 1858.

The President, Dr. Munger, in the chair.

In the absence of Dr. Pomeroy, Dr. Wells was appointed Secretary *pro tem.*.

The minutes of the last meeting were read and approved.

On motion of Dr. Watson the usual order of business was suspended, and the Society proceeded to the election of members.

Dr. D. D. Loomis, having paid the initiation fee and signed the constitution, was duly elected a member.

The election of officers being next in order, the balloting resulted as follows:

Drs. J. A. Paine, President.
L. B. Wells, Vice-President.
H. M. Paine, Secretary and Treasurer.
J. C. Raymond, Librarian.

Censors.

Drs. E. A. Munger, D. D. Loomis, J. C. Raymond, W. H. Watson.

Delegates to the State Medical Society.

Drs. L. B. Wells, E. A. Munger, W. H. Watson, H. M. Paine.

Delegates to the American Institute of Homœopathy.

Dr. L. B. Wells, Dr. Wm. H. Watson,
Dr. H. M. Paine.

Chairman of the Bureau for the Improvement of the Materia Medica.

Dr. W. H. Watson.

The Society adjourned to meet at two o'clock.

AFTERNOON SESSION.

Dr. Wells, Vice-President in the chair.

Dr. Wells, chairman of the committee appointed at the last meeting to prepare and publish the constitution and by-laws, reported their labors completed, having arranged and published in pamphlet form a sufficient number of copies for the use of the Society, and requested to be discharged, which request was granted.

On motion the usual annual tax of one dollar was assessed upon the members.

The following gentlemen complied with the resolution: Drs. Munger, Pomeroy, Wells, Watson, H. M. Paine, and Raymond.

The Treasurer's report was read by Dr. Wells, Dr. Pomeroy being absent, an indebtedness due the Society of one dollar was cancelled by the annual assessment.

Dr. Watson, chairman of the Bureau of Materia Medica, reported progress in the proving of rumex, every member of the Society having been furnished with a vial of that drug.

Dr. Wells called attentio : to the importance of employing the high attenuations in proving drugs.

Dr. H. M. Paine had been able to procure only four copies of the blanks for medical statistics issued by the State Allopathic Medical Society, with the proviso that they be returned to the Secretary of the Oneida County Allopathic Medical Society.

In view of the limited supply and the restriction imposed by the Secretary of the Onieda county Medical Society, further action was deemed unnecessary.

Several interesting cases of disease was reported verbally by Drs. Wells, Raymond, Watson and others.

On motion, the Secretary was authorized to appoint the place of the semi-annual meeting, and notify the members accordingly.

The Society adjourned to meet the third Tuesday in June, 1859.

H. M. PAINE, *Secretary.*

Second Semi-Annual Meeting.

The second semi-annual meeting of the Homœopathic Medical Society of the County of Oneida was held at the office of J. C. Raymond, at Utica, on the 21st day of June, 1859.

The President, Dr. J. A. Paine, being absent, Dr. Wells, Vice-President, took the Chair.

Present—Drs. Wells, Raymond and Watson, members.

The following named gentlemen were also present: Drs. Bailey, Bishop, Hill, Scudder and Warren.

The minutes of the last meeting were read and approved.

Drs. Leveritt Bishop, of Sauquoit, Silas Bailey and C. Judson Hill, of Utica, were balloted for and elected members of the Society. They signed the constitution, and each paid the initiation fee of two dollars.

Dr. W. B. Stebbins paid the annual tax of one dollar.

The morning session adjourned to meet at two o'clock.

AFTERNOON SESSION.

Meeting called to order at the appointed time, Dr. Wells in the Chair.

Mr. Woodward Warren, a medical student, was examined by the Censors in reference to his qualifications. They certified that he was found fully qualified in all the departments of the medical profession, and recommended that the Society grant him a license to practice. The recommendation was complied with; he was also balloted for and received as a member of the Society. He signed the constitution and paid the initiation fee of two dollars.

Dr. Wells reported three very interesting cases of chronic disease; one of fungus excresence of the eye, one of tumor of the left breast, and one of tumors of the breast and axilla These cases were cured by patiently persevering in the use of the appropriate homœopathic remedies.

Other cases of various forms of disease were reported by the different physicians present.

The new members were furnished by Dr. Watson with a vial of rumex crispus for proving, and all requested to continue the proving of this drug.

Dr. S. O. Scudder, of Rome, was balloted for, and on paying the iniation fee and signing the constitution was duly admitted a member of the Homœopathic Medical Society of Oneida County.

The meeting adjourned at a quarter to six o'clock, P. M.

(Signed) J. C. RAYMOND, *Secretary pro tem.*

THIRD ANNUAL MEETING.

The Third Annual Meeting of the Homœopathic Medical Society of the County of Oneida, was held at the office of Drs. Watson and Hill, in the city of Utica, October 18, 1859.

The President being absent, Dr. Wells, the Vice-President, presided.

The following members were present: Drs. Wells, Raymond, Hill, Warren, and H. M. Paine. Drs. M. M. Gardner and F. W. Klagis were also present.

The minutes of the last meeting were read and accepted.

Dr. M. M. Gardner, of Holland Patent, was ballotted for and elected a member, and on paying the initiation fee and signing the constitution, became entitled to all the privileges of the Society.

The Society then proceeded to the election of officers for the ensuing year. The balloting resulted as follows:

Drs. Leverett Bishop, President.
J. C. Raymond, Vice President.
H. M. Paine, Secretary and Treasurer.

Censors.

Drs. L. B. Wells, Drs. S. O. Scudder,
M. M. Gardner, C. Judson Hill.

Delegates to the State Medical Society.

Drs. L. B. Wells, Drs. E. A. Munger,
W. H. Watson, H. M. Paine.

Delegates to the American Institute.

Dr. L. B. Wells, Dr. E. A. Munger.

The second annual assessment of one dollar was paid by Drs. Wells, Hill, Raymond, Watson and H. M. Paine.

Dr. Wells, in the absence of Dr. Watson, chairman of the Bureau of Materia Medica, stated that very complete provings of rumex crispus having been recently published, any further trials of it may be considered unnecessary, he would therefore propose another. The æsculus hippocastanum (horse chestnut) thorough provings of which he did not doubt would indicate a drug of great value.

It is usually prepared by removing the shell and cutting up the fruit into small pieces, and placing them in alcohol; or by grating the nut and triturating it with sugar.

He has employed only the third potency in hemorrhoids, and with good results. Its frequent empirical use attests its value in this disease. The nut carried in the pocket is said to prevent attacks of piles.

Dr. Raymond stated that he had heard of a number of cures by this simple means.

The Society accordingly resolved to adopt the æsculus as the drug of which provings are to be made during the ensuing year.

Dr. Hill related an interesting cure of goitre cured by means of dry friction.

Dr. Wells also related a cure which resisted homœopathic treatment, consisting chiefly of iodine, the only apparent effect of which seemed to arrest its growth. When, however, dry friction with the palm of the hand of the patient herself was daily applied the tumor began to diminish in size, and in a few weeks entirely disappeared.

The Society adjourned to meet at two o'clock, P. M.

AFTERNOON SESSION.

Dr. Wells in the chair.

Scarlet fever in a malignant form, and a disease of the throat causing a diphtheritic deposit having extensively prevailed in the country, and especially in some localities of this county, a discussion of these diseases engaged the attention of the Society a considerable portion of the afternoon session.

The discussion was opened by the reading of an interesting and highly instructive paper by Dr. J. C. Raymond, giving the history, causes, symptoms and treatment of the diseases named, and a history of the epidemic in Utica as it has been observed during the past year.

Dr. Wells called attention to the article on this subject, by Dr. H. D. Paine, of Albany, read before the American Institute at its late meeting. During the remarks which followed, lachesis was suggested as a remedy.

Dr. Paine stated that he had seldom received any good results from it. It was then stated that doubtless some of the preparations of lachesis are not reliable.

Dr. Raymond considered it a most important remedy in all forms of peritonitis. He could not replace it by any other.

In respect to diphtheria he is inclined to the opinion that it has been frequently mistaken for other forms of angina. During the

first few weeks of its appearance in Utica he found the usual remedies quite insufficient to arrest it. The cases recovered slowly, and liable to frequent relapses. By close observation he became convinced of its analogy to croup, and accordingly employed kali bichromicum, as the chief remedy, with complete success.

Dr. Paine offered a statement in detail of several cases of malignant sore throat occurring in connection with scarlet fever.

Dr. Raymond suggested, in respect to them, that the brain was chiefly implicated, and that calcarea and rhus tox. were the most reliable remedies, perhaps occasionally giving bryonia in place of calcarea.

Dr. Wells has witnessed during the past year four or five cases of abcess as a sequel to scarlet fever.

Dr. Hill related the case of a child who had nearly recovered from scarlet fever, when typhus symptoms appeared, as a result of too early exposure to cold. An improvement for about one week followed the administration of rhus tox. and calcarea carb., when for twenty-four hours the little one suffered from entire suppression of urine. Apis[1] and cantharis[2] afforded relief. In a few days abcesses appeared in both cornea, causing blindness; an asbcess in each hip and two on the scalp, and a discharge of purulent matter from the nose and ears. Under the influence of arsenicum and mercurius corr.[3] these abscesses healed in three or four weeks. For the opacity, which still remained, four or five drops of kali hyd., two dr. to half an ounce of water, were given morning and evening. This symptom was relieved in about four weeks, the child now being able to attend school.

Dr. Raymond stated that phosphate of lime has been recommended for abscesses resulting from scarlet fever.

Dr. Klagis has employed hepar sulph. with great benefit.

Dr. Hill related a case of sciatic rheumatism of the left limb, which had received various kinds of treatment, including confinement in a splint for two weeks, without benefit. The principal symptom, aside from the pain and lameness, was a very sensible decrease in the size of the limb, accompanied by numbness and prickling sensations. Rhus tox. and bryonia gave no relief. The following remedies effected a cure in about two weeks. Iodine, five drops, morning and evening, and aconite, five drops in a glass of water, to be given in three or four doses during the day.

Another case unsuccessfully treated by colchicum, rhus tox. and bryonia, was permanently cured by twelve powders of colocynth[3].

Another. Dr. Hempel was consulted by a student suffering from this painful disease; cured by two pellets of colocynth[100]. Other remedies had been employed by himself without relief.

Dr. Warren has employed colocynth in two cases of rheumatism with very considerable benefit.

Dr. Wells alluded to the case of his own brother, who was promptly relieved from an attack of rheumatism by it; the ordinary remedies having been administered in vain.

He believes colocynth has a wider sphere of action than is generally supposed, and that it is a valuable remedy in diseases of fibrous tissues.

The following resolution offered by Dr. Raymond, seconded by Dr. Gardner, was adopted:

Resolved, That the individual members of this Society, at its stated meetings, report in writing such cases of disease occuring in their practice as they may deem of sufficient importance.

The following resolution offered by Dr. Raymond, seconded by Dr. Hill, was adopted:

Resolved, That a committee of three be appointed by the chair to procure for the Society a seal, certificate of membership and diploma, provided the cost shall not exceed the amount of funds now in the hands of the Treasurer.

Drs. Raymond, Hill and H. M. Paine, were appointed such committee.

The following was adopted:

Resolved, That the Secretary be requested to furnish a copy of the proceedings of this meeting for publication in the American Homœopathic Review.

To secure for preservation in the archives of the Society, a copy of the obituary of the late Dr. Stewart, by Dr. Raymond, and to notify delinquent members of their indebtedness to the Society.

Dr. Hill offered the following resolution, which was adopted:

Resolved, That the next meeting be held in the village of Sauquoit.

The Society accordingly adjourned to meet at Sauquoit the third Tuesday in June, 1860.

SPECIAL MEETING.

A special meeting of the Society was held at the office of Dr. Wells, in the city of Utica, December 6, 1859.

The President, Dr. Bishop, being absent, Dr. Raymond, Vice-President, took the chair.

The following named members were present:

Drs. Raymond, Wells, Scudder, Warren, Gardner, Hill and H. M. Paine.

Dr. J. W. Mower, of West Schuyler, Herkimer county, and Dr. F. W. Klagis, of Utica, were also present.

The Secretary stated the special object of the meeting to be the discussion of the following topic:

The importance of organizing, as soon as practicable, a State Homœopathic Medical Society.

Several communications on this subject, from Dr. H. D. Paine, of Albany, Dr. B. F. Joslin, of New York, and others, were read. (See page 547.)

Dr. H. M. Paine read a paper on the importance of immediately organizing State and county medical societies. (See page 543.)

First, on account of the public influence of such associations, and the opportunity they afford the profession for mutual improvement.

Second, to secure all the legal privileges and immunities enjoyed by similar allopathic societies.

Third, to promote a more uniform and extensive system of drug-proving.

Dr. Wells offered the following resolution, which was adopted:

Resolved, That a committee of three be appointed by the chair, to take such actions in reference to the paper on medical societies, as they deem proper.

Drs. Scudder, Wells and H. M. Paine, were appointed such committee, and soon reported the following:

Resolved, That a county homœopathic medical society should be formed, as soon as practicable, in every county of the State where none now exists;

That a uniform and extensive system of drug-proving should be instituted in connection therewith;

That a State Homœopathic Medical Society should be organized as soon as a sufficient number of county medical societies shall have been formed.

The committee appointed at the last meeting to procure diplomas, certificates of membership and a seal, offered a report in writing, which was accepted and the committee discharged.

The following resolution offered by Dr. Raymond, and seconded by Dr. Gardner, was adopted:

Resolved, That the Secretary be requested to return the thanks of this Society to Mr. Munger, for the beautiful and elegant manner in which he has filled the certificates of membership of the Society.

Dr. F. W. Klagis read an interesting statement of several cases of scarlet fever.

Dr. Scudder urged the importance of more extensive and thorough provings. He has employed gallic acid successfully in several forms of indigestion and dyspepsia, particularly in weak digestion, and diminished vitality of the stomach and alimentary canal. It is useful also in hemorrhage of the stomach and bowels, for hemorrhoids, and for children when they have overloaded their stomach with indigestible substances, in alternation usually with aconite.

In such cases he has on several occasions prevented spasms, and has usually employed it in doses of one-eighth to one-half a grain in rain water. A solution in alcohol, with wheat, relieaves constipation. It may also be given for weak stomach in bean tea.

Leptandrin is a remedy which he has found useful in bilious complaints, in the place of mercurius dulcis or mercurius vivus; also, for all forms of chronic mucous membrane inflammation, catarrh, chronic pneumonia, phthisis and amenorrhœa.

On motion, the Society adjourned to meet at Sauquoit the third Tuesday in June, 1860.

THE IMPORTANCE OF ORGANIZING A "STATE HOMŒOPATHIC MEDICAL SOCIETY; AND OF ESTABLISHING AN EXTENSIVE SYSTEM OF DRUG PROVING."

[BY H. M. PAINE, M. D., CLINTON, N. Y.]

The object and influence of Homœopathic Medical Societies.—Homœopathic Medical Societies are formed in order to accomplish by association what cannot be effected by individual effort, in increasing the usefulness and extending the boundaries of medical science.

The members of these societies by assembling and consulting on all subjects related to the profession, and by interchanging the results of their experience, become prepared to render their practice more effectual, and successful in alleviating suffering.

The influence of such organizations is generally very great. If they decline because the profession do not efficiently sustain them, the interests of homœopathy must suffer. They are an index in

a great degree of the prevalence, influence and success of the truths for the advancement of which they are established.

The homœopathic physician, who, although surrounded by patrons and friends, yet is so situated as to be excluded from the company of his professional brethren, feels but little general interest for or against the theory and practice he is employing. But this isolation should not deprive him of the assistance and co-operation of other members of the profession. It is a fixed law that progress is most promoted by a communication of the fruits of experience. He should therefore come forth from his retirement, and contribute his thoughts for the general good. His experience may suggest subjects of the greatest importance, his practice may be of benefit to all, and on the contrary his gain may be a harvest of an hundred fold.

While homœopathic medical societies extend their researches over the whole field of medical science, it is their special object to improve the materia medica. Prominent among the means to attain this important end, is the proving of drugs. Before a substance is used as a remedy, its nature, properties and effects must be fully ascertained and clearly defined. At present there is a great necessity for an

Enlargement of the number of Drug Provers.—Heretofore but little thought has been given to this essential work. As a general thing physicians have relied too much upon the authority of others, never themselves testing the powers of the remedies they employed. But at the present time this department is receiving more attention and care. Yet, without doubt, even now, not more than one in twenty is engaged in this important labor. Hence, it is

The part of every Physician to Prove Drugs upon his own person.—It is obviously the duty of every homœopathic practitioner to engage in this truly profitable and enduring labor. In order to employ his remedies with success, he must possess an accurate knowledge of all their powers and effects. And in no way can he acquire a comprehensive understanding of them, as well as by first proving them upon himself. The knowledge will be gained thus most easily and permanently, and will be most familiar and reliable in its application. Let not, however, proving be confined to common remedies; but let experiment carry research into new fields. Let the physician ascertain the effects of new drugs upon his own system, and without doubt remedies of great value will

be discovered. Upon this point a remark of Dr. Wm. E. Payne is appropriate, and its quotation therefore will not be considered irrelevant:

"The prover would therefore respectfully, but earnestly solicit the co-operation of those of his professional brethren, who are desirous of making the only enduring contributions that can be made to the medical profession. The proving and re-proving of drugs, until their whole therapeutic powers are understood, is a work devolving upon the medical profession; and a participation in this work, is a duty incumbent upon every member; and no one who has entered the profession, can be in the faithful discharge of the responsibilities thus voluntary assumed, until he has submitted himself to the self-sacrificing work of proving drugs upon his own person. Such a labor is truly self-sacrificing; but when faithfully performed, it will subserve the cause of suffering humanity in all coming time; and he who shrinks from it, is unworthy the honors of his *Alma Mater*, and the confidence of those who submit their lives to his imperfectly cultivated instrumentality."

In order that the results and discoveries of each individual physician may become useful to other members of the profession, some means must be devised by which they can be brought together and their results communicated. Such a medium may be found in

County Medical Societies. The proving of a drug by a single person is insufficient to establish its character. In order to ascertain its true therapeutic powers the observations of many individuals must be compared. Only when the results are contrasted, verified and reduced to a system can its power and worth as a remedy be determined or affirmed. Medical societies are peculiarly adapted for this work. Yet, at the present time, there are but few agencies of this kind which engage the co-operation of homœopathic physicians. The American Prover's Union, and the American Institute, assisted by comparatively a small number of observers, have accomplished highly valuable results; and many others still can achieve successes equally important. For these purposes and to obtain these ends, let a medical society be formed in each of the counties where none now exists. Small associations generally accomplish more in the aggregate than large, because their members are required to put forth greater

exertion, and to make greater sacrifices than when there are many to perform the labor. If any motive can have influence surely such an one should prove a powerful incentive to personal effort. During the last ten years, as our medical journals testify, many imperfectly proved remedies have been presented to the profession; if these trials should now be increased and verified by a larger number of observers, the results would be of far greater value.

One object of a State Medical Society. Prudence forbids the public expression of some of the reasons in favor of forming at an early day a State Medical Society; but among the others and perhaps not least, is the necessity of a central and controlling organization which shall secure, by means of the county societies, the co-operation of all the members of the profession in the State, who are willing to assist by their influence and example in the department of drug proving. There is now evidence of progress, yet there can be but little permanent advancement until a combination of effort shall be secured upon fewer drugs. If a larger number of physicians in the State can be induced to engage in this work, or if all who are at the present time thus employed, will unite, by the means of co-operation, in developing the pathogenesis of one remedy at a time, complete provings will result. Thus uniformity and concert of action, and thorough and speedy discovery of the therapeutic powers of drugs will be attained; and that which now requires eight or ten years to perform, will be accomplished just as well in one or two. A State Society being a representative body would be eminently fitted to give direction, uniformity and efficiency to this most important work.

How it is to be established. At the last meeting of the State Society, in May, 1857, it was discovered that its organization had not been effected in the manner required by statute, and therefore all its proceedings were informal. The law recognizes county societies as the foundation on which the State organization must be formed, by granting them the privilege of sending as many delegates as there are members of Assembly. The State Society, however, has power to increase the number of permanent members by electing as many as there are members of the Senate.

There are at the present time seven County Homœopathic Medical Societies. They are Livingston, Onondaga, Oneida including Herkimer, Saratoga including Washington, Rensselaer, New York and Kings. These are entitled to a representation of

forty-two members, a number sufficient to organize immediately a State Medical Society.

The numbers, talent and influence of the homœopathic profession in the State clearly indicate that the time has fully come for establishing such an association upon a permanent basis. The welfare of our patrons, and the interests of homœopathy should stimulate the profession to put forth every effort which will favor and promote our cause.

If the proposed plan be considered premature or impracticable, then let some other method be soon adopted which shall bring about the same desirable result. At least let the county societies already established institute a correspondence, which shall secure uniformity in this department, and thus form a system which, with the addition of other societies, shall become increasingly instrumental in developing the true law of therapeutics discovered by Hahnemann.

CORRESPONDENCE.

I. From Dr. H. D. Paine, of Albany, in reply to a communication relative to the organization of a State Medical Society, (Dec. 5, 1859.)

"It would seem, however, that with the increase of our numbers, and our social strength, our action and influence might be more effectually concentrated and combined, both for the benefit of the public and the promotion of homœopathy. Whether the sentiment of the homœopathic profession is quite ripe for a decided move in that direction I do not know. I have felt a little doubtful of it, but the only way of testing the matter is for somebody to take the initiative step. That can be done as effectually by your Society as any other—perhaps better, and I am very glad you propose to set the ball in motion.

"The plan of organization should be the same, or nearly so, as the Old School Society—a representative body, and should be made as simple, and expressed as briefly as possible. Simultaneously with this movement the zeal of the brethren throughout the State should be stirred up to form county societies, and appoint delegates, so as to be ready to organize as soon as opportunity shall occur. Let those Societies already formed appoint delegates and a time and place for meeting.

"Such a course would probably stimulate the formation of societies in counties where they do not yet exist, which would add

their delegates to the number, and thereby strengthen the influence which such an association could not fail to exert if vigorously pushed."

II. From Dr. B. F. Joslin, of New York:

"I would suggest the formation of as many county societies as practicable this year, and a State Society the next. The necessity of the general association will be more urgent and obvious in proportion to the number of elementary ones; by this mode of proceeding, the State Society will not be made for the county societies, but by them; each of the latter will have a little time to rest from legislative labors, which are generally irksome to scientific men, as the making and mending of societies interferes with their favorite pursuits. These are reasons for the postponement of the State Society for another year, or at least until the elements are more generally created.

"The advantages of county and State medical associations are well stated in your paper. It is an excellent feature of those contemplated that they are designed to work, and that their most important duties are to relate to provings. If a number of homœopathic physicians in any county take pleasure in improving the materia medica in this way, and actually commence giving a portion of their time to this duty, they can form a society which will probably have the requisite vitality. This living principle must depend more upon the spontaneous tendency of the members than on the external pressure of the rules of the body. A majority might become provers with advantage to themselves and the cause; but it is not to be expected that such a number will engage in the undertaking, still less that they will persevere. Organization may do something to excite the requisite sentiment as well as to regulate the action; it is worthy of trial.

"Several such societies for the advancement of the materia medica can be formed in Central New York, and I trust in other parts of the State, especially if you can convince medical men that they are not required to endanger permanent injury of their health by crude preparations and large doses. Hahnemann, after much experience in proving, recommends in his *Organon*, the thirtieth dilution as the best for this purpose. There are some idiosynocrasies which appear to be proof against certain drugs, at least in the tincture and lower dilutions. For example: In the Autumn of 1858, an able pharmaceutist, at my request, sent to a member of the Bureau two drachms of the *tincture* of rumex, and as much of

the 3d and 12th potencies in solution. Some months afterward, this prover wrote to me: 'I have proved the rumex until the stock you sent me is nearly exhausted. I have tried it in small and large doses, but I am unable to furnish any symptoms which I can conscientiously communicate as legitimate effects of the drug.' Subsequent events give this incident some value to societies about to commence provings.

"The activity in the right direciion, of a sufficient number o county societies, would afford the best pledge of the vitality and permanence of a State Society subsequently formed. I have given what appears to me to be the best order for the development of a healthy and durable activity. Perhaps the whole could be accomplished in a few months; if so, all the better. You are surrounded by colleagues who will heartily co-operate. Whatever order you adopt, you will have my best wishes for the success of your laudable undertaking."

FORM OF CERTIFICATE OF MEMBERSHIP REPORTED BY THE COMMITTEE.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF ——,

"*This is to Certify*, That ——, having given to the Pres dent and Censors satisfactory evidence of his competency, and having been by them reported qualified according to the by-laws, was thereupon duly elected and declared a Member of the Homœopathic Medical Society of the County of ——.

("Dated) —— (Signed) ——, *Secretary.*

FORM OF DIPLOMA REPORTED BY THE COMMITTEE.

"*To all to whom these Presents may come, or in any wise concern:*

"The President and Members of the Homœopathic Medical Society of the County of ——, in the State of New York, send greeting: Whereas, ———, of the County of ——, has exhibited unto us satisfactory testimony that he has studied Physic and Surgery, for the term and in the manner directed by law, and has also, upon examination by our Censors, given sufficient proofs of his proficieney in the Healing Art, and of his moral character:

"Wherefore, by virtue of the power vested in us by law, we do grant unto the said ———, the privilege of practicing Physic and Surgery in this State, together with all the rights and immunities which usually appertain to Physicians and Surgeons.

"In witness whereof, we have granted this Diploma, sealed

with our seal, and testified by our President and Secretary, at ——, this —— day of ——, in the year one thousand eight hundred and ——.

"——, *Secretary.* ——, *President.*"

THIRD SEMI-ANNUAL MEETING.

The third semi-annual meeting of the Homœopathic Medical Society of Oneida County was held at the office of Dr. L. Bishop, in the village of Sauquoit, June 19th, 1860.

The following members were present:

Drs. Wells, Raymond, Munger, Warren, and H. M. Paine.

Dr. N. Spencer, of Windfield, Herkimer County, was also present.

Dr. H. M. Paine being absent at the commencement of the meeting, Dr. W. Warren was appointed Secretary *pro tem.*

The President, Dr. Bishop, in a few brief remarks called attention to the importance of systematic and scientific effort of the profession to improve the science of medicine.

Dr. N. Spencer, of Windfield, was balloted for, signed the constitution, and paid the initiation fee, thus securing the privileges of full membership in the Homœopathic Medical Society of Oneida County.

Dr. Wells reported verbally a proving of æsculus, and related his clinical experience with that remedy in hemorrhoids.

Dr. Raymond read a clinical proving upon himself of æsculus*

Dr. Warren read a very full and interesting proving of æsculus upon himself.*

Dr. Raymond presented a written report of a case of diphtheria successfully treated with the ordinary remedies.

Dr. Wells has treated a case of diphtheria successfully with arsenicum and nitric acid.

Dr. Bishop has treated chronic inflammation of the throat quite successfully with apis and kreosotum.

Dr. Wells has employed apis with good success when the affection is attended with a cough.

Dr. Warren stated a case of spasmodic cough, which yielded only to phosphorus.

Dr. Munger would recommend corolla rub.

Dr. Spencer has seen good effects from cina and nux.

Dr. Munger employs corolla chiefly in hooping cough.

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* See Hale's New Remedies.

Dr. Wells has employed gelsemium in inflammatory diseases with favorable effects.

The presence of the ladies of several members, and a number of other invited guests, contributed largely to the social element, rendering the meeting highly interesting and profitable.

The Society adjourned to meet at Utica the third Tuesday in October, 1860.

FOURTH ANNUAL MEETING.

The fourth annual meeting of the Oneida County Homœopathic Medical Society was held at the office of Drs. Watson and Hill, in the city of Utica, October 16, 1860.

The President and also the Vice-President, were absent. Dr. Wells, senior Censor, in the chair.

The members present were Drs. Wells, Raymond, J. A. Paine, Watson, Hill, Munger, Gardner, Spencer and H. M. Paine; also Dr. H. Hadley, of Boonville.

The minutes of the last meeting were read and approved.

On motion of Dr. J. A. Paine the Society resolved to suspend the usual order of business, for the purpose of electing new members.

Dr. H. Hadley, of Boonville, was accordingly balloted for, and having paid the initiation fee and signed the constitution, became entitled to full membership in the Homœopathic Medical Society of Oneida County.

The following named gentlemen paid the usual annual tax of one dollar: Drs. Gardner, Spencer, Watson, Wells, J. A. Paine, Munger and H. M. Paine.

The Society then proceeded to the election of officers for the ensuing year. The following were elected:

President—Dr. W. H. Watson.
Vice-President—Dr. J. C. Raymond.
Secretary and Treasurer—Dr. H. M. Paine.

Censors.

Drs. H. Hadley, L. B. Wells, Drs. M. M. Gardner, C. Judson Hill.

Delegates to the American Institute.

Dr. L. B. Wells, Dr. H. M. Paine.

Delegates to the State Medical Society.

Drs. L. B. Wells, E. A. Munger, Drs. W. H. Watson, H. M. Paine.

Standing Committees.

Theory and Practice of Medicine—Drs. L. Bishop, J. C. Raymond, S. O. Scudder.

Special Pathology and Therapeutics—Drs. W. H. Watson, Hiram Hadley, E. A. Munger.

Materia Medica—Drs. L. B. Wells, H. M. Paine, Woodward Warren.

Surgery—Drs. E. A. Munger, Nathan Spencer, C. Judson Hill.

Obstetrics—Drs. W. B. Stebbins, A. A. Mason, H. M. Paine.

Diseases of Children—Drs. L. B. Wells, C. Judson Hill, M. M. Gardner.

Diseases of Females—Drs. J. A. Paine, W. H. Watson.

Prevailing Epidemics—Drs. J. C. Raymond, W. H. Watson.

Dr. H. M. Paine read a digest of the proving of æsculus.

Dr. Wells offered a resolution, which was adopted, to the effect that proving of æsculus be continued by the members of this Society during the coming year, and that the Secretary be requested to correspond with other county homœopathic medical societies, with a view to secure their co-operation.

On motion of Dr. Munger the Treasurer's report was accepted and adopted.

The Society adjourned to meet at two o'clock.

AFTERNOON SESSION.

The President, Dr. Watson, in the chair.

In order to secure extensive trials of æsculus, the Secretary reported that he had invited all the county medical homœopathic societies in the State to unite with the members of this Society in making trials of this drug, with the following result: The Hahnemann Academy of Medicine, and the Rensselaer and Cayuga county homœopathic medical societies are now engaged in proving æsculus hippocastanum.

The Secretary having been for some time past engaged in an effort to secure the formation of county homœopathic medical societies with a view to the permanent organization of a State Homœopathic Medical Society, read a full report of his transactions during the past year. See page 563.

On motion of Dr. Hill the report was accepted and a committee

consisting of Drs. Watson, Munger, Wells and H. M. Paine was appointed, with power to take such action as they should deem necessary.

The Secretary stated that several physicians in this State have expressed a desire for information relating to the objects of and proper and legal mode of organizing county medical societies.

On motion of Dr. Raymond, the committee appointed to take action in reference to the report of the Secretary were requested to prepare a circular furnishing all needed information. See page 566.

The importance of uniformity in the department of drug proving engaged the attention of the Society during a considerable part of the afternoon session, most of the members present participating in the discussion.

The following resolution, offered by Dr. Raymond, was adopted:

Resolved, That Drs. L. B. Wells and H. M. Paine be appointed a committee to present this subject for consideration at the next meeting of the American Institute of Homœopathy, to advocate its importance, and pledge the services of this Society for the proving of any drug selected by the Institute.

Dr. Raymond presented a highly interesting statement relative to several cases of diphtheria occurring in his practice, and in that of Dr. Stebbins, of Little Falls. Mercurius sol. and kali bichrom. were chiefly relied upon; in a few cases, however, iodine and bromine proved more successful. See below.

Clinton was selected as the place for the next meeting, unless otherwise appointed by the Secretary.

The Society adjourned to meet the third Tuesday in June, 1861.

DIPHTHERIA.

By J. C. RAYMOND, M. D., Utica, N. Y.

This disease has prevailed at times in various parts of Europe since the year 1557, and in North America since the year 1635. The following description given by J. A. Symonds, M. D., Physician to the British General Hospital, in England, several years ago, corresponds closely to the symptoms which we observe at the present time. "This species of angina is characterized by the formation of *albuminous* pellicles on the surface of the inflamed membrane, whence it was named by M. Bretonneau, of Tours, "Diphtheritis." The patches are of various extent, in mild cases

white or ashy, separate and presenting the appearance of separate sloughs, for which they have often been mistaken: in others, dark colored, coalescent, and forming one uniform crust. The exudations may extend far down the œsophagus, or into the larynx, trachea and bronchi, and upwards into the nasal fossæ. The membrane beneath and between the pellicles is in some cases of a bright red, in others purplish or livid. The exudations vary in density from that of coagulable lymph to that of a soft pultaceous matter.

The local symptoms are similar to those of angina diffusa, with the addition of those produced by irritation and obstruction of the air passages when the disease has extended in that direction. It is common also for the submaxillary and cervical glands to become inflamed and tumefied. The general symptoms are those of fever, and vary with the type of the latter and the degree of the inflammation. When the patches are few and circumscribed, the disease is often called *ulcerated sore throat*, such as may be seen in scarlatina anginosa; but there are no ulcers in these cases, for on removing the pellicles or sloughs as they are called, we find the membrane beneath quite free from any other disorganization than the loss of its epithelium. In the worst cases the pellicles are discolored by admixture of bloody exudation, and vitiated secretions from the throat, so as to create an impression that the parts are in a state of sphacelus. These cases correspond to the angina maligna of many authors, and to the gangrenous angina of others; but we have the united testimony of Bretonneau, Guernsent, and Deslandes, formed on extensive microscopic observations, that there are no true escars in these cases. The idea of gangrene existing, has been further kept up by the discharge of serous fetid matter from the nostrils, and by the putrid character of the fever.

From the above remarks it may be inferred that diphtheria appears in two forms. In one, the local affection bears the marks of active inflammation, in the bright hue of the mucous membrane, and in the white circumscribed exudations, unmixed with blood or sanies. The constitutional symptoms in this form are likewise sthenic, the pulse being full and firm, the skin warm, and the nervous system though disturbed, not exhibiting the signs of prostration so common in typhoid fever. The other form may well be called *angina maligna*. Its approach is often insidious, being attended with but little pain or distress in the throat, until

the false membrane is already extensively formed. Then the dysphagia becomes extreme, liquids are forced back through the nostrils, and symptoms soon occur, denoting that the air-passages are obstructed; such are a croupy cough, hoarseness and stridulous breathing.

The feeling of suffocation accompanying these symptoms is in part owing to the swelling of the lymphatic glands. On inspection of the throat we see a thick pellicle, sometimes dense, not unfrequently pultaceous, variously colored according to the degree of its decomposition, or to the accompanying secretions, and either continuous or interrupted by fissures which exhibit the livid hue of the membrane beneath. The pulse is extremely rapid and feeble, delirium sets in early and is soon followed by coma; and the collapsed face and sunken eyes indicate extreme exhaustion. Death often takes place suddenly from the laryngeal complication. Bretonneau was led by the results of his dissections to attribute the death in all the fatal cases to the changes in the air-passages.

Causes.—A humid atmosphere, decomposing fæcal and vegetable matter, crowded dwellings, a deficiency of proper nourishing food and clothing, are considered to be the most prominent in inducing the disease. By nearly all observers the disease is admitted to be contagious.

Diagnosis.—1st. The fibrinous exudations in this disease, with the obstruction of the air passages, has caused it to be confounded with croup, yet the diseases are very different. In the latter the inflammation is confined to the tracheal and bronchial membrane; while in diptheria the inflammation is seated in the fauces and pharynx, and only in severe cases extends to the larynx and trachea.

(I should state from my observations, that angina membranea, true croup, commenced with inflammation of the laryngeal, tracheal, and bronchial membranes and extended to the throat and fauces; for in almost every case fully developed, the arches of the palate, uvula, tonsils and pharynx will be found to be inflamed, and the tonsils dotted with small patches of false membrane. In diptheria the inflammation is seen first, on the curtains of the palate and tonsils, and from thence spreads over other portions, or the entire throat, pharynx, and in most severe cases to the air passages.) True croup is rarely, if ever, attended with the low typhoid fever so common in diphtheria, the symptoms of exhaus-

tion in the advanced stage being clearly referable to the impeded respiration.

2d. Diphtheria is with difficulty discriminated from angina gangrenosa, the affection described by Fothergill as putrid sore throat, the cynanche maligna of Cullen. The general and local symptoms are very similar, but in the latter disease the difficulty of breathing is attributable rather to the general tumefaction than to any laryngeal complication, and these are true gangrenous sloughs, which, on separating, leave corresponding concavities in the tissue. On this point Fothergill speaks very distinctly, and where the disease is of the mildest kind a superficial ulceration only is observable, which may easily escape the notice of a person unacquainted with it. A thin white slough seems to accompany the next degree; a thick opaque or ash-colored one is a further advance, and if the parts have a livid or black aspect, the case is still worse. These sloughs are not formed of any foreign matter spread upon the parts affected, as a crust or coat, but are real mortifications of the substance; since, whenever they come off, or are separated from the parts they cover, they leave an ulcer of greater or less depth, as the sloughs were superficial or penetrating. In this disease, moreover, there is frequently observed an erythematous or papular eruption on different parts of the body; and there can be little difficulty in arriving at the conclusion that, it is a variety of scarlatina maligna. Dr. Tweedie observes, "we are inclined to affirm that the scarlatina simplex, scarlatina anginosa, and the scarlatina or angina maligna, and the sore throat without efflorescence on the skin, are merely varieties of one and the same disease."

Treatment.—The remedies which have been found the most efficacious to arrest, and effect a radical cure of this disease when fully developed, are the alternate use of kali bichromicum, and mercurius iodatus; when the prostration is extreme, arsenicum and ammonium carb. In the milder varieties of the disease, aconite, belladonna, capsicum, iodine, lachesis and nitric acid have induced cures. The diet should be very liberal, the patient urged to take all the beef-tea and similar nourishments that he can get down. In case of great difficulty in swallowing injections of rich meat soups are advisable.

Remarks.—From November 1858 to May 1859, we had in this city an epidemic of scarlatina miliaris which proved very fatal, more than one hundred deaths having occurred from this cause

during the time specified. Death resulted from three causes, paralysis of the brain, paralysis of the lungs, and the exhaustion produced by the malignant character of the throat disease; complete disorganizations of the tissues involved, being induced by ulceration, and gangrene; with low typhoid symptoms; attended in some cases with profuse hemorrhage from the throat, nose and ears. In no case which I saw was there any appearance of diphthritic formation.

Affections of the throat were also very prevalent. In cases of simple inflammation the attack usually commenced with chills, followed by the usual symptoms of fever. When the throat was examined, the palate, fauces and tonsils would be found inflamed, with a bright red appearance, with little or no tumefaction, and yielding promptly to a few doses of aconite and belladonna. In another form more severe than the first, the inflammation was more strongly marked, the tonsils, one or both. very much enlarged, and in some cases suppuration would ensue. These cases required aconite, belladonna, mercurial preparations, baryta carb., capsicum and lachesis, according to their indications.

Another form more severe was ushered in by chills, and in many cases by nausea and vomiting. The fever would be very intense, the difficulty in swallowing great, and at night with children, more or less delirium would be present; in these cases the tonsils would be swollen and ulcerated. Three remedies would control these cases, aconite, which I only used when the fever was very violent, and belladonna and mercurius iodatus. The remaining form was diphtheria of which a description has already been given.

FOURTH SEMI-ANNUAL MEETING.

The Homœopathic Medical Society of the County of Oneida held its fourth annual meeting at the office of L. B. Wells, in the city of Utica, June 18th, 1861.

The President, Dr. Watson, in the chair.

The members present were Drs. Wells, Bishop, Scudder, J. A. Paine, Watson, Stebbins, Gardner, Hill and H. M. Paine.

Dr. J. W. Mower, of West Schuyler, Herkimer county, Dr. C. W. Boyce, Secretary of the Cayuga County Homœopathic Medical Society, and Dr. J. R. White, President ot the Otsego County Homœopathic Medical Society, were also present.

The minutes of the last meeting were read and approved.

The following resolution, offered by Dr. Wells, was adopted:

Resolved, That the members of other county Homœopathic societies present, be invited to participate in the deliberations of this meeting.

The committee on medical societies offered a report, which was accepted.

The committee on drug proving offered a report, which was accepted, and ordered to be published.

An interesting and profitable discussion followed, participated in by most of the members present.

Dr. Boyce approved of the plan proposed by the committee, and thought at least three provers could be obtained in Cayuga county.

Dr. Wells advocated the use of both high and low potencies in the proving of drugs. Arsenicum ^{200} has frequently produced obstinate constipation, while the opposite is the effect of a low potency. He illustrated this effect of arsenicum by relating a case treated by Dr. Pomeroy, of Utica. It is also corroborated by Dr. Teste, in his Materia Medica.

Dr. Boyce was formerly quite skeptical in respect to the influence of high potencies, but his confidence in them has recently increased. He related a case which had long resisted low attenuations, but was speedily relieved by a single dose of lachesis^{2000}. A successful expedient adopted by a number of homœopathic physicians, is to commence treatment by low attenuations, and gradually ascend to the highest.

Dr. Wells related a case of obstinate bilious chronic diarrhœa, attended with great debility, which he treated unsuccessfully several days with low attenuations, readily yielded to lachesis^{200}.

Dr. Scudder enquired whether the high potencies usually produced good results except when preceded by the low.

In a case of chronic diarrhœa in a consumptive young man, a single dose of lycopodium ^{1000} arrested the discharge, and restored his usual strength. His diet was not changed. He was living on two parts cream, added to one of molasses, and could take nothing else. His mother has ulceration of the lungs, and has frequently been cured of a troublesome cough by calcarea^{600}. Croup is often cured by the 200th potency of aconite, spongia and hepar.

Dr. Boyce corroborated the statement of Dr. Scudder in reference to the use of aconite in croup, and briefly related an account of epidemic croup that occurred in Cayuga county, a year or two since, in which aconite proved rapidly and uniformly successful.

Dr. Scudder related in detail an account of a case of chronic bilious diarrhœa, which though several relapses occurred, was finally permanently cured by china and mercurius[3]. These were the only remedies employed.

Dr. Wells thought more speedy effects would have resulted from the administration of higher potencies.

Dr. Bishop effected a permanent cure upon himself of occasional attacks of diarrhœa, by a dose of pulsatilla[500], the remedy in a low potency, having afforded temporary relief only.

REPORTS OF STANDING COMMITTEES.

Dr. Wells, chairman of the committee on materia medica, expressed his increasing confidence in the drug æsculus hip. now being proved by members of the Society, and hoped more extensive trials would be made, both in the low as well as in the high attenuations.

Dr. Hill, chairman of the committee on surgery, reported two cases of fracture, one of the radius and the other of the clavicle; both successfully treated.

Dr. Wells, chairman of the committee on diseases of children, read an instructive and interesting paper on cholera infantum. The pathology of the disease was shown to be inflammatory, and accordingly aconite was recommended as highly useful in this serious and often fatal malady. The paper was followed by a verbal statement of the effects of aconite in the case of his own child. So great is his confidence in this remedy that he now uniformly commences his treatment with it, in alternation usually with ipecacuanha.

Dr. J. A. Paine has for a number of years found it very useful in the disease under consideration, and also in dysentery. In the disease last mentioned he seldom finds any other remedies necessary than aconite and mercurius corr. A cure has uniformly followed the use of these remedies in three or four days.

The Society adjourned to 2 o'clock.

AFTERNOON SESSION.

Dr. Watson, President, in the chair.

Dr. J. A. Paine, chairman of the committee on diseases peculiar to females, reported several cases illustrative of a method of treatment which in many instances has proved successful. The cases were ordinary inflammation of the tincæ and uterus, both in the married and unmarried. The peculiarity of the treatment consists in the topical application of the same remedies employed internally. The remedies are incorporated with mutton suet, by slowly melting the latter, and while cooling, and still in a semi-fluid state, add the remedy in the form of tincture or powder; after stiring the cerate a few minutes turn out on plates, and when nearly cold cut into blocks about half an inch square. To remove these blocks the plate should be heated slightly, when they will readily slide off.

The cerates employed thus far have been chiefly iodine, calcarea, thuja, belladonna, hamamelis, opium and pulsatilla.

Calcarea, iodine, thuja, have proved very efficacious in removing inflammation, congestion and ulceration of the uterus, tincæ and vagina; hamamelis for menorrhagia and opium, pulsatilla and belladonna for dysmenorrhœa.

The applications are usually repeated at intervals of from four to ten days. In several cases the sensitiveness was at first so great that the cerates could not be introduced as far as the uterus, but after a few applications the tenderness diminished, so that but little inconvenience or suffering was experienced.

The medium for applying the remedies should be neither too soft nor too hard: it should be firm enough to be introduced without breaking up into small pieces, and soft enough to commence melting or dissolving as soon as introduced. The mutton suet is found to remain three or four days, and during this time is constantly setting free the medicinal substance with which it is saturated. The object intended is to lubricate the inflamed surfaces and prevent irritation from the natural secretions of the parts which in most diseased conditions are more or less acrid. By this method the remedy is kept constantly and directly in contact with the diseased organs, and thus by absorption an immediate impression is produced, and a healthful reaction awakened much sooner than can be secured by internal administration alone of the same remedy.

Dr. Raymond, chairman of the committee on prevailing epi-

demics, reported the treatment of a few cases of diphtheria, all of which had yielded to the ordinary remedies.

Dr. Watson had observed an entire absence of pain or difficult deglutition even in the advanced stage of the disease.

Dr. Raymond thought such cases were excéptions.

Dr. White stated that the disease had prevailed extensively in Otsego county. He had adopted the plan, when called to prescribe, to examine all the members of the family, and on several occasions had discovered the disease where none was supposed to exist. He successfully treated fourteen cases with the usual remedies, belladonna and mercurius jod.

Dr. Watson employs the bin-iodide in preference to the proto-iodide of mercury.

Dr. Bishop relies chiefly upon kreosote.

Dr. Mower, after trying several remedies, selected antimonium tart. and mercurius jod. With these he has successfully treated several cases.

Dr. Wells considers it a constitutional disease, affiliated with typhus, and has found rhus-tox., arsenicum and carbo veg., most useful. Local applications avail little permanent or even temporary relief.

Dr. Scudder once saved a patient by giving an emetic of antimony. He thinks a strong brine of salt and water used as a gargle will dissolve the membrane.

Dr. H. M. Paine read a short paper on the importance of securing the passage of an act incorporating the State Homœopathic Medical Society, and recommending a form of an act of incorporation.

On motion of Dr. Wells the following resolution was adopted:

Resolved, That the Oneida County Homœopathic Medical Society approves of the act of incorporation presented by Dr. H. M. Paine, and would respectfully refer it to the committee appointed at the last meeting of the State Homœopathic Medical Society, with the request that earnest and untiring effort be made to secure its adoption by the next Legislature of the State.

The Secretary read a brief report, which was accepted.

The Treasurer's report was accepted. The indebtedness of the Society is $64.36, incurred by publishing the laws relating to the practice of medicine, and which have been distributed to the Homœopathic physicians of this State.

To remove in part the liabilities of the Society, on motion of Dr. Hill, a tax of two dollars in addition to the annual tax was assessed upon each member.

Dr. Wells stated that county homœopathic medical societies have an undoubted right to grant licenses to students of medicine, and inquired whether the exercise of this right is not in every instance a matter of questionable expediency?

He offered the following resolution, which was adopted:

Resolved, That a committee be appointed by the chair, to report, at the next meeting, on the Expediency of Licensing Students of Medicine by the Homœopathic Medical Society of Oneida County.

Drs. Wells, Scudder and H. M. Paine, were appointed such committee.

Dr. Raymond stated that the recent conduct of Dr. H. E. Dykeman, was such as would render him liable to expulsion from the Society. He offered the following resolution, which was adopted:

Resolved, That the committee appointed to report on the expediency of granting licenses to students of medicine, be requested to investigate the charges preferred against Dr. H. E. Dykeman, and report at the next meeting.

Dr. Stebbins offered the following resolution, which was adopted:

Resolved, That Dr. C. W. Boyce, of Auburn, and D. J. Ralsay White, of Butternuts, be constituted honorary members of this Society.

Dr. J. W. Mower, of West Schuyler, Herkimer county, was ballotted for, and having signed the constitution and paid the initiation fee, became entitled to full membership in the Homœopathic Medical Society of Oneida County.

The annual tax of one dollar, due October, 1860, was paid by Drs. S. O. Scudder and W. B. Stebbins.

The following members paid the assessment of two dollars, in compliance with the resolution offered by Dr. Hill:

Drs. Scudder, Raymond, Stebbins, Gardner, J. A. Paine and C. J. Hill.

The following resolution, offered by Dr. J. A. Paine, was adopted:

Resolved, That a committee of three be appointed by the chair, to revise the constitution and by-laws of the Society, and report at the next meeting.

Drs. Raymond, Watson and Wells, were appointed such committee.

Dr. J. R. White, stated that the privilege of participating in the deliberations of the Society, had afforded him great pleasure and instruction and suitably acknowledged the token of respect that had been conferred upon him.

Dr. Wells was chosen delegate to the next meeting of the Otsego County Homœopathic Medical Society, and Dr. Watson delegate to the next meeting of the Cayuga County Homœopathic Medical Society.

The Society adjourned to meet at Utica, the third Tuesday in October, 1861.

REPORT OF THE SECRETARY WITH REFERENCE TO THE ORGANIZATION OF A STATE HOMŒOPATHIC MEDICAL SOCIETY.

Since the meeting of this Society, held December 6, 1859, the "Paper on Medical Societies," read at that time, has been printed, and about two hundred copies distributed to homœopathic physicians in most of the counties in this State. It was at that time considered important to hold two meetings: one in summer, a preparatory meeting, and another, a convention, to be held at Albany in the winter, during the session of the Legislature, for the purpose of completing an organization.

After consulting with several physicians in the State, it was decided to defer the preliminary meeting until a larger number of county societies were formed, and the attention of the profession throughout the State had been called to the subject by correspondence instituted for the purpose.

In May, the following communication, giving a concise view of the whole subject, was received from Dr. H. D. Paine, of Albany:

"I have been reflecting a good deal since seeing you, and especially since receiving your letter, on the subject of the State Society, and on the best mode of proceeding in its resuscitation and reörganization. On the whole, I do not see the necessity or advantage of a preliminary meeting during the summer, if the regular sessions are to be held in winter, as I suppose will be thought best. It is probable that a larger meeting could be convened in June than in the fall or winter, but I am at a loss to see what the summer meeting could accomplish that could not as well be done at the later one. It is not easy for physicians to get away from their business, and it is not likely that any number would be able to attend both meetings.

"If the regular meetings are to be held during the session of the Legislature, then I think the business of organizing and arranging might as well be left to the first regular meeting. All that is necessary beforehand, can be done by correspondence and conference. I think a good deal of that must be done in order to awaken the profession to a full sense of the importance of the movement. * * * If the State Society is to be a representative body, ought not the first efforts to be expended in organizing the profession in the several counties, in order that it may be duly represented, and will not any attempt to organize a State Society on that basis, before a considerable number of county associations have been formed, be premature and abortive? I would suggest that a correspondence be opened with several physicians in such counties as have the largest number of homœopathic physicians, with a view of inducing them to organize county societies; and that they be requested, when duly organized. to appoint delegates to the State Society, whenever it shall be convened. * * * * There is so little organization and coöperation among us, that it must necessarily take some time to concentrate and systematize our efforts. If you can get one person in each county interested, the desired result will be secured."

In June a list of all the homœopathic physicians in this State was received. Having completed a classification of them by counties, in August a thorough correspondence was opened with physicians in nearly every county in the State. About 300 letters and 500 circulars have been mailed during the past three months (December 1). I am indebted for assistance in this work to Dr. C. W. Boyce, Secretary of the Cayuga County Homœopathic Medical Society, Dr. A. R. Wright, Secretary of the Erie County Homœopathic Medical Society, and Dr. William H. Watson of Utica.

It has been the endeavor, in this correspondence, to call attention of the profession to the importance of immediately organizing county societies; and, by direct appeal, to secure the services of at least one physician in each county, who is willing to act as secretary in that locality. The following circular, signed by the secretaries of all the county homœopathic medical societies in this State, is substantially the statement made in most of the communications:

"*To the Homœopathic Physicians in the State of New York:*

"Last spring it was thought desirable, by a number of physi-

cians, that immediate measures should be taken for the permanent organization of a State Homœopathic Medical Society; and it was then proposed to call a preliminary meeting of delegates from the county societies already formed, to confer with reference to that object. But after further consideration, and in view of the small number of county societies that have been established, it was concluded to defer it until a larger number of these associations shall have been organized. It becomes, therefore, very important, that societies be formed as early as possible in every county where homœpathy has the requisite number of practitioners.

"It is believed that if the services of at least one homœopathic physician in each county, who is interested in promoting this object, can be secured, the desired result will be attained.

"For the purpose of awakening an interest in this subject, and of securing the early formation of a county homœopathic medical society, will you commence a correspondence with the physicians in your own and one or two of the adjoining counties, urging the importance and necessity of its speedy accomplishment."

EXTRACTS FROM THE REPLIES RECEIVED.

From Dr. A. R. Wright, Secretary of the Erie County Homœopathic Medical Society: "We are ready to coöperate in any proper manner for the formation of a State Society."

Dr. T. L. Brown, of Binghamton: "I will endeavor to do as you desire in forming a Society. I am most happy to do all in my power to advance homœopathy."

Dr. C. W. Boyce, Secretary of the Cayuga County Homœopathic Medical Society: "You may consider our Society good for any service required of it."

The following from Dr. A. Beakley, of Brewster, expresses the sentiments of every true homœopathist: "I will gladly comply with your request, and do all in my power to facilitate the progress of the county society. I think it is a duty in which every homœopathic physician should take the deepest interest, and nothing would afford me more pleasure than to aid with my feeble efforts the promotion of our cause."

At a meeting of the Homœopathic Medical Society of Northern New York, held in July, 1859, Dr. S. A. Cook, of Troy, introduced two resolutions, calling attention to its importance, and urging the early formation of county societies. He was constituted chairman of a committee to carry them into effect. He writes:

"An increase of professional duties in consequence of the sickness and death of my late partner, Dr. Bryan, necessitated a delay until a favorable time for its execution. Before that time arrived, I learned that you were engaged in the same cause; I rejoiced! as it is the cause I have at heart, consequently I wish you 'God speed."

The replies received show what are the views of the profession respecting this movement. It meets wtth great favor, and an almost unanimous desire is expressed to render all needed assistance.

We believe it to be of vital importance in its influence upon the future prosperity and position of homœopathy in this State. The benefits of organization are obviously as great, as really needed, and as useful to us as to allopathic physicians. By it, we ascertain the number of educated and legally qualified physicians of our school; conform to the statutory enactments of the State; secure concerted action in the improvement of the materia medica; and facilitate the diffusion of practical knowledge among the members of the profession.

H. M. PAINE, *Secretary.*

REPORT OF THE COMMITTEE ON MEDICAL SOCIETIES, APPOINTED AT THE FOURTH ANNUAL MEETING OF THE ONEIDA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

A very general desire has been expressed by homœopathic physicians in the State, for information respecting the legal mode of organizing County Medical Societies. The Committee report the subjoined summary of the legal requirements to be observed.

SUMMARY OF THE LEGAL REQUIREMENTS TO BE OBSERVED IN THE ORGANIZATION OF MEDICAL SOCIETIES.

It will be observed, by reference to the laws relating to medical societies, that—

"Homœopathic physicians" are authorized to "organize county homœopathic medical societies."

"Five" physicians are necessary to form a Society.

When there are not five legally qualified physicians in one county, they are permitted to "associate with the physicians and surgeons of an adjoining county" in forming a Society.

The first meeting at which an organization is effected must be held "at the place where the County Courts are appointed to be held in their respective counties."

"It is the duty of the Secretary of each of the county medical societies, to lodge in the office of the clerk of their respective counties, a copy of all the proceedings had at their first meeting."

The officers are—a president, vice-president, secretary, treasurer, and from three to five censors.

They are to be elected by ballot, at a regular annual meeting.

The State homœopathic medical society consists of delegates from county homœopathic medical societies, and each county society is entitled to as many delegates as there are "members of the Assembly from that county."

In order to act as a corporate institution a "seal" must be adopted.

The committee would urge the formation of county homœopathic medical societies for many important reasons, among which the following may be specified:

1. To secure the permanent establishment of a State homœopathic medical society.

2. To conform to the statutory enactments of the State, and secure the advantages thus afforded. "Licensed physicians," or "physicians and surgeons authorized by law to practice their profession," are those *only* who are "members of county medical societies," or who have received a "diploma" from one of the "incorporated medical colleges in this State," and have "deposited a copy of such license with the clerk of the county where they reside." All others are considered as unlicensed practitioners, and although they may by the law 1844, collect debts for services rendered, are yet liable in cases of alleged malpractice, in a *criminal* action for a misdemeanor, and upon conviction may be *imprisoned in a county jail.* The licensed practitioner, however, although liable in a *civil* action for damages in such a case, *cannot be imprisoned.*

3. To secure the legal right of teaching, which is conferred on those only who are "duly authorized by law, to practice their profession."

DECISIONS RESPECTING THE PRIVILEGES OF COUNTY MEDICAL SOCIETIES.

"A county medical society is a corporation, and, under its power to pass by-laws relative to the admission of members, has authority to demand an initiation fee as a condition of admittance."

"The act relative to the practice of physic and surgery, giving

to the county medical societies the right to try and expel their members for professional ignorance or misconduct, or immoral conduct or habits, is constitutional."

"Once having refused to entertain charges does not oust the society of its jurisdiction; and it may reconsider and entertain them: Nor does the acquittal of the member upon an indictment for the same matter, form any bar to their proceeding upon it."

"A county medical society has not authority to expel a member, upon the ground that he procured his admission as a member of the corporation by false pretences, and without the legal qualifications."

"It seems that a county medical society has a right to inquire into the qualifications and conduct of an applicant for admission, and, if satisfied that he is an unfit associate, to exclude him, though he has a regular license." (*Vide Clinton's Digest, vol.* 2, *p.* 954; 1852.)

In response to an inquiry of the Homœopathic Medical Society of Oneida County, addressed to Prof. T. W. Dwight, of the Columbia College Law School, in reference to the number of delegates in the State Society, to which a society consisting of physicians of more than one county is entitled, he states: "That societies thus formed are entitled to only as many delegates to the State Society, as there are Members of Assembly from the county in which the society was first organized."

L. B. WELLS,
E. A. MUNGER,
WM. H. WATSON,
H. M. PAINE,
Committee.

FIFTH ANNUAL MEETING.

The Homœopathic Medical Society of Oneida County, held its fifth annual meeting at the office of Dr. Raymond, in the city of Utica, October 15th, 1861.

The President, Dr. Watson, in the chair.

The following named members were present: Drs. Munger, J. A. Paine, Wells, Gardner, Hill, Watson, Bishop, Stebbins, Raymond and H. M. Paine.

Dr. Bailey, of Waterville, and Dr. C. W. Boyce, delegate from the Cayuga County Homœopathic Medical Society, were also present.

The proceedings of the last meeting were read and approved.

Reports of Special Committees.

Dr. Wells, chairman of the committee appointed to investigate the charges preferred against Dr. H. E. Dykeman, offered a report which was with slight modifications, accepted and adopted.

Dr. Wells, chairman of the committee on the expediency of granting licenses to practice to students of medicine, by the Homœopathic Medical Society of Oneida County, offered an adverse report, which was accepted and ordered to be placed on file, and the committee discharged.

Dr. Raymond, chairman of the committee on constitution and by-laws, reported a form which was accepted and adopted by a unanimous vote of all the members present.*

Reports of Standing Committees.

Dr. Wells, chairman of the committee on materia medica, reports full and interesting provings of æsculus hip., communicated by Dr. Boyce.

On motion of Dr. Wells, the Society resolved to continue the provings of æsculus during the coming year.

Dr. Munger, chairman of the committee on surgery, reported a case of severe contusion produced by falling several feet upon a barn floor; although very extensive and serious it yielded to the ordinary remedies, aconite and arnica.

Being unable to compare the treatment of such cases of injury with similar cases under any other treatment, he finds it difficult to determine the exact effect of our ordinary remedies.

Dr. Wells reported cases of injury which afforded an opportunity to compare the relative merits of allopathic and homœopathic treatment. Two men were about equally injured by falling upon frozen ground. The one under homœopathic treatment recovered in ten or twelve days, while the other, under allopathic treatment, was not as fully restored at the end of several weeks.

Dr. Stebbins, chairman of the committee on obstetrics, requested the gentlemen present to state the result of their experience in respect to the most useful and reliable remedies for the relief of after pains.

The question drew out a lengthy and animated debate during the remainder of the morning session, on the influence of various remedies upon the uterus, both previous to and after labor.

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* Form adopted by the Albany County Homœopathic Medical Society, published in the Transactions of the State Homœopathic Medical Society, vol. 5, page 59, 1867.

Dr. Bishop believes pulsatilla will in some cases increase the expulsive power of the uterus previous to delivery. He has observed this effect not only upon the human species, but also upon animals.

Dr. Boyce regards its influence with distrust, as the secondary effect is to relax the uterus and consequently prolong after pains, and favors a tendency to hemorrhage. He would cautiously employ it previous to confinement to prepare the system, but not during labor to increase the pain.

Dr. Wells has found it very useful in some cases of atony during labor, and employs it in the place of secale. He generally succeeds better with it than with any other remedy.

Dr. J. A. Paine believes it will relax the tincæ without producing contraction of the uterus. In a case of premature pain when it was supposed that labor would soon take place pulsatilla evidently caused relaxation of the tincæ, the delivery not taking place until several days after. It seems to prepare the parts for labor by causing relaxation and an increased secretion of mucus. He can perceive no other beneficial influence. He has found secale much more efficacious in stimulating the contractive, or rather expulsive efforts of the uterus previous to delivery. Colocynth has proved more serviceable than any other remedy in controlling excessive pain, either before or subsequent to delivery.

Dr. H. M. Paine believes that caulophyllum will generally be found useful in promoting the expulsive efforts of the uterus, and also for the relief of excessive after pains.

The Society adjourned to meet at two o'clock.

AFTERNOON SESSION.

The President, Dr. Watson, in the chair.

The President announced the business next in order to be further reports from standing committees.

Dr. Gardner, chairman of the committee on diseases of children, read a very interesting paper on the eruptive diseases to which they are peculiarly liable; his remarks having especial reference to the history, symptoms and treatment of measles.*

Dr. Younglove, of Oneida, communicated a very instructive paper on infantile marasmus. The causes of the disease, and its connection with scrofulosis, were fully delineated and the treatment clearly illustrated by a highly interesting case from practice.†

* See Transactions State Society, vol 2, page 230; 1864.

† See Transactions State Society, vol. 2, page 227.

Dr. J. A. Paine, chairman of the committee on diseases peculiar to females, communicated a full and elaborately prepared report, illustrated by an abstract of the history and treatment of numerous cases.

Dr. Raymond, chairman of the committee on prevailing epidemics, read a brief paper on the treatment of hooping cough and measles.

Dr. Boyce communicated an interesting case of mania a potu, by opium alone. Four doses were given in twelve days.*

Dr. Hill communicated a very full and carefully reported case of fatal poisoning by ergot.†

Dr. Munger called attention to Dr. Gregg's theory of boils in connection with convalesence from phthisis. He has in two or three instances observed the presence of furunculi during recovery from this disease.‡

Dr. Watson called attention to the utility of drosera in this disease.

On motion of Dr. Wells, the secretary was requested to furnish copies of such of the above communications as he deemed important or desirable to the homœopathic medical journals for publication.

The Society next proceeded to the election of officers for the ensuing year. The following gentlemen were elected:

Drs. W. B. Stebbins, President.
J. C. Raymond, Vice-President.
H. M. Paine, Secretary and Treasurer.

Censors.

Drs. L. B. Wells, W. Warren, E. A. Munger, L. Bishop.

Delegates to the State Medical Society.

Drs. J. C. Raymond, W. H. Watson, L. B. Wells, E. A. Munger.

Alternates.

Drs. H. M. Paine, H. Hadley, C. J. Hill, M. M. Gardner.

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* Transactions of State Medical Society, vol. 2, page 241; 1864.

† Transactions of State Medical Society, vol. 2, page 214; 1864.

‡ Transactions of State Medical Society, vol. 4, page 209; 1866.

Delegates to the American Institute of Homœopathy.

Dr. Wells, Dr. H. M. Paine.

Delegate to the Otsego County Medical Society.

Dr. Wells.

Delegate to the Medical Society of Cayuga County.

Dr. W. H. Watson.

The Secretary read a full report of his transactions since the last meeting of the Society, embracing several communications from distinguished homœopathic physicians in this and other States on subjects of vital importance to the interests of the homœopathic system of practice.

The report was accepted and ordered to be placed on file.

On motion of Dr. Wells, resolutions were adopted expressing thanks to Prof. T. W. Dwight, of Columbia College, for preparing a form of an act to incorporate the State Homœopathic Medical Society.*

On motion of Dr. Watson, resolutions were adopted approving the form of an act drawn up by Prof. Dwight and referring it to the appropriate committee appointed at the last meeting of the State Medical Society.

On motion of Dr. Gardner the following resolution was adopted:

Resolved, That a committee be appointed to draft a tariff of prices for the use of members of the society, to report at its next meeting.

Drs. Watson, Gardner and H. M. Paine were appointed such a committee.

The Treasurer offered a report, which was accepted and adopted and ordered on file.

On motion of Dr. Munger, the usual annual tax of one dollar was levied upon the members, and to relieve the Society from debt an additional tax of one dollar was ordered.

In compliance with the above resolution Dr. J. C. Raymond paid $2, Dr. W. Warren $3, Dr. L. Bishop $1, Dr. M. M. Gardner $1, Dr. E. A. Munger $2, Dr. H. M. Paine $4, Dr. E. B. Wells $2, Dr. G. H. Watson $2 and Dr. J. A. Paine $2.

On motion of Dr. Warren, the Society adjourned to meet at Little Falls the third Tuesday in June, 1862.

On motion of Dr. Watson, resolutions respecting the introduc-

* Transactions of State Medical Society, vols. 1 and 2, page iv., 1863 and 1864.

tion of the homœopathic practice into the army and navy were adopted.

SPECIAL MEETING.

A special meeting of the Homœopathic Medical Society of Oneida County was held in Utica, at the office of Drs. Watson and Hill, February 14, 1862.

The President, Dr. Stebbins, being absent, Dr. L. B. Wells, senior Censor, was called to the chair.

The following members were present: Drs. Wells, J. A. Paine, Watson, Hill, Gardner and H. M. Paine.

Dr. Watson stated the object of the meeting to be the consideration of the best methods to obtain a fair proportion of the medical appointments under the United States Government.

He presented the following resolutions, which were read and unanimously adopted:

Resolved, That the Homœopathic Medical Society of Oneida County would respectfully urge upon Congress the importance of passing a bill at its present session making homœopathic physicians equally eligible with other practitioners for the appointment of surgeons in the army and navy, for the following reasons:

1. *On account of the extensive diffusion and general recognition of homœopathy.*—Homœopathy is now practiced in all parts of the civilized world; homœopathic journals are published in almost all European languages; homœopathic hospitals and dispensaries are acknowledged and supported by government in various countries of Europe, and many of these countries have sanctioned and encouraged this system of practice by especial legislative enactments; it has its professors in European universities, and its numerous court physicians at continental courts; and, while almost unknown at the commencement of this century, has been spreading with a rapidity unparalleled in the history of medicine. Homœopathy has also, for many years, been generally known in this country as a safe, reliable, and eminently successful mode of treatment, and now numbers its practitioners by thousands and its adherents by millions—a large proportion of which are among the most intelligent and wealthy classes in every community in the loyal States, and whose means are now given to the administration in all its measures.

2. *As an act of justice to a large number of soldiers in the army and navy who prefer homœopathic treatment.*—Many thousands of

our citizens who are accustomed to homœopathic treatment are enlisted in the regular and volunteer forces, and consider it one of the most severe privations of the service, that they are prevented from enjoying the benefits of this humane method of treatment. While these citizens are devoting their lives to the service of their country in this her hour of peril, they have a right to ask that, when stricken down by disease or casualty, they may have that system of practice in which alone they have confidence.

3. *On account of the recognized legal status of homœopathy in the several States.*—The homœopathic profession has in most, if not all the loyal States, the same recognized legal status as the allopathic; is composed of equally well qualified and well educated physicians, graduates of legally incorporated medical colleges—most of whom were formerly practitioners in, and are now converts from, the allopathic school. To the knowledge of allopathy thus acquired, they have merely superadded a knowledge of homœopathy; and, believing the latter the more successful method, choose to practice it.

The States of New York, Pennsylvania, Ohio, Illinois, and Missouri, have each homœopathic medical colleges within their limits, incorporated by their respective Legislatures, with all the rights of allopathic medical colleges, including the privilege of conferring diplomas upon their graduates entitling them to practice medicine and surgery. Under State laws, therefore, homœopothists are equally eligible to all appointments within the gift of the Government as other physicians. There is no more valid reason for any discrimination in favor of the allopathic and adverse to the homœopathic profession, in respect to appointments in the army and navy, than there would be in refusing a chaplain a commission because not a member of a particular religious sect.

4. *It will elevate the standard of medical skill in the army and navy.*—The introduction of homœopathy into the army will afford the country an opportunity of witnessing this mode of treatment and the benefits as compared with that now employed, and by creating a generous emulation will elevate the standard of medical skill, and cause a better system of practice to prevail even in that portion of the army which remains under the mode of treatment now in use.

Resolved, That a copy of the above resolutions be sent to the Hon. Ira Harris, of the United States Senate, and Hon. Roscoe

Conkling, of the House of Representatives, with a request that they be presented to the two houses of Congress.

On motion of Dr. J. A. Paine, seconded by Dr. C. Judson Hill, the above resolutions were adopted, and the Secretary was instructed to comply with the provisions of the last resolution.

On motion of Dr. Gardner it was

Resolved, That a copy of the above resolutions be furnished to each of the daily papers of this city for publication, and the sum of one dollar be contributed by the members to defray the expense of purchasing a few copies for the use of the Society.

In compliance with this resolution the following members contributed twenty-five cents each:

Drs. J. A. Paine, Wells, Watson and Gardner.

Dr. Gardner stated that it would be impracticable for him to attend the next meeting of the Medical Society of the State of New York.

Dr. Hill offered the following:

Resolved, That Dr. J. A. Paine be appointed Dr. Gardner's alternate in case of his inability to attend the next meeting of the State Medical Society. Adopted.

On motion of Dr. J. A. Paine the Society adjourned.

FIFTH SEMI-ANNUAL MEETING.

The fifth semi-annual meeting of the Society was held June 19, 1862, at the Benton House, in the village of Little Falls.

The President, Dr. Wm. B. Stebbins, called the meeting to order at the appointed time.

The members present were Drs. Stebbins, Bishop, Wells, Scudder, Raymond, Mower, Watson and H. M. Paine.

Dr. Silas Bailey, of Toledo, Ohio, was also present.

On motion of Dr. Watson, the Society proceeded to the election of members.

Dr. Raymond was appointed teller.

The following named gentlemen were members: Dr. Abram Guiwits, of Salisbury Center, Herkimer county; Dr. William Landt, of Mohawk, Herkimer county, and Dr. John Younglove, of Verona, Oneida county. These gentlemen signed the constitution and paid the initiation fee, and thereby became entitled to all the privileges of membership.

Dr. Watson, chairman of the committee on tariff of prices, reported progress, and asked leave to be continued until the annual meeting, which, on motion of Dr. Wells, was granted.

The President, on calling for reports from the standing committees, none were offered from the first three on the printed list.

Dr. Paine suggested a change in the name of the committee on the treatment of surgical cases, so as to limit the sphere of discussion either to the external and internal treatment of injuries, or to that of the various forms of constitutional disease which usually require surgical aid.

Dr. Wells thought the name as it stands as sufficiently explicit; it refers to the homœopathic treatment of wounds and injuries of all kinds.

The report of the committee drew out a lengthened and interesting discussion, in which most of the members present participated, on the comparitive utility of various internal remedies and external applications in cases of larcerated and contused wounds. A mutual comparison of experiences, and the variety of cases related, afforded to the members present a rich harvest of facts and data for future practice. The discussion occupied a greater portion of the morning session.

Dr. Wells briefly related the history of acute periostitis of the tibia, caused by an injury.

The principal remedies were staphysagria and arsenicum. In cases of extensive lesion of the surface, he has found dilute tincture of arnica a very useful application. He prefers ledum to arnica in cases of extensive ecchymosis, as an external application.

Dr. Scudder's plan in all wounds caused by a sharp cutting instrument is, to apply arnica during the first three or four days, then follow it with calendula. He endeavors to prevent the formation of a coagulum at the bottom of the wound, therefore opens and cleanses it freely, and continues the application of a strong tincture of arnica until the pain ceases. He has observed that the pain continues as long as the hemorrhage, and that both cease simultaneously.

Dr. Bishop desired to throw out a caution in regard to the free use of the undiluted tincture of arnica. He has witnessed violent aggravations resulting from the application of the pure tincture. When largely diluted with cold water, he has frequently witnessed its soothing effect in relieving the pain, even in lacerated wounds.

Dr. Bailey stated that simple cuts, if their edges were properly applied, seldom require any medicinal application, they always

heal by first intention; if any application is necessary, he prefers calendula to arnica. We employ arnica to relieve pain, and when a wound is torn by a blunt instrument, it will usually afford more relief than any other remedy. Large clots should of course be removed.

Dr. Younglove has been taught to employ arnica only in bruises and contusions. In case of extensive lesion of the surface, calendula is the appropriate remedy.

Dr. Raymond recommended arnica for bruises and contusions, calendula for suppurating wounds and loss of substance, staphysagria for injuries of the nerves, ruta for injuries of the periositium and ledum for echymosis.

Dr. Stebbins, from the committee on obtetrics, presented an interesting paper on rupture of the uterus, illustrated by a carefully reported case from practice.

Dr. Younglove read a paper minutely describing the various stages of natural labor.

Drs. Bailey and Wells related cases of monstrosities occurring in their practice.

Adjourned to two o'clock.

AFTERNOON SESSION.

Dr. Stebbins in the chair.

Dr. Watson read a very interesting paper on the pretubercular stage of phthisis. The early symptoms of the disease and its appropriate treatment were clearly and forcibly stated.

Dr. Bishop delivered an address on the principles of theoretical and practical homœopathy. The danger of yielding to the seductive influences of eclecticism and the importance of adhering firmly to the law *similia similibus*, in our practice, were clearly pointed out. The author's quaint and original style, his sound and judicious advice, the result of ripe experience and thorough study, all combined to render the address peculiarly appropriate and instructive. The doctor also stated his experience in the treatment of recent cases of malignant diphtheria. He has given lachesis with good results.

Dr. Raymond has derived great benefit from ammonium causticum.

Dr. Landt has employed china and arsenicum in low attenuations with like results. When other forms of food are inadmissible, he would recommend in low grades of the disease the use of mild

alcoholic stimulants in the form of milk punch or wine whey. He regards the use of alcoholic stimulants, however, with distrust, as there is danger of producing cerebral complications.

Dr. Bailey inquired whether their administration in such cases was of any permanent advantage. He believes that cases reduced so low as to require stimulants of this kind, will eventually prove fatal.

Dr. Paine has found that albumen in the form of white of eggs well beaten up with two or three parts of sweet milk, to produce a very happy effect, and to be swallowed and retained when all other kinds of food were rejected.

The following resolutions, presented by Dr. Watson, and seconded by Dr. Wells, were unanimously adopted:

Resolved, That we view with distrust the custom of patronizing allopathic schools of medicine by the adherents of the homœopathic system, as tending to weaken and detract from the latter that support and encouragement which it justly claims, and which should be fully and freely given by its friends.

Resolved, That we cheerfully express our confidence in the Homœopathic Medical College of the city of New York, and hereby pledge to it our entire and cordial support.

A communication from Dr. C. W. Boyce, of Auburn, an honorary member of the society, was read, and ordered to be placed on file.

On motion of Dr. Scudder, the following resolution was adopted:

Resolved, That the thanks of the association be presented to the authors of the papers presented at this meeting, and that copies be requested for preservation in the archives of the society, and also placed at the disposal of the publishing committee.

On motion of Dr. Mower, it was

Rvsolved, That we tender our thanks to the proprietor of the Benton House, for the use of rooms during the sessions of the society.

The following resolution presented by Dr. Watson was adopted:

Resolved, That a committee be appointed to revise the code of by-laws, and report at the annual meeting.

Drs. Watson, Raymond and H. M. Paine were appointed such committee.

The Secretary presented a report which was accepted.

The Treasurer presented a report which was accepted.

Adjourned at 5 P. M., to meet at Utica, October 21, 1862.

B.

PROCEEDINGS OF THE TENTH SEMI-ANNNUAL MEETING.

The tenth semi-annual meeting of the society was held in the city of Utica, Tuesday, June 18, 1867.

The meeting was called to order by the President, Dr. C. J. Hill.

The following members were present: Drs. Hill, Watson, Raymond, Gardner, Hunger, Jones, Willis and Zeitler.

Dr. A. B. Southwick, of Rome, was present.

The minutes of the last meeting were read and approved.

The President spoke of the great benefit to the practitioner arising from such social gatherings as our Society affords, and urged the members present to use their influence in order to secure a full attendance at our next meeting.

Dr. Southwick was elected, by ballot, a member of the society.

On motion of Dr. Raymond, Drs. Munger and Wells were appointed a committee to procure, if possible. the records of the old Homœopathic Medical Society of Central New York.

Dr. Munger reported a singular case of uterine disease, which he had visited that morning. The most marked symptom was the passage of large quantities of gas from the uterus, accompanied by considerable noise occurring during menstruation. The doctor requested the members present to suggest a remedy.

Dr. Wells thought there were but two remedies in the materia medica which, in their pathogenesis, contained the symptoms. "Escape of wind from the vagina;" one of them was lycopodium, the name of the other he had forgotten.

Dr. Southwick thought of sepia.

Dr. Jones suggested chamomilla.

Dr. Raymond would prescribe nux vomica. A general discussion followed on the relative value of pathology and symptomatology in the treatment of disease.

Dr. Wells reported a case which occurred the night previous to the meeting. The patient, a lady was taken with vomiting and diarrhœa; the discharges from the bowels were watery and very profuse, with small lumps of solid matter, about the size of peas, of a light color. The patient complained of being cold; had marked choleraic symptons; her limbs were drawn up with cramps, and her countenance was pinched and blue. Her husband, who came for the doctor, was so frightened that he vomited and purged while on his way home from the office. Veratrum alb.[4] was the only

remedy given both patients. It relieved all the symptoms except the cramp, which required a few doses of cuprum.

Dr. Hill reported two similar cases, in which there was great thirst. Arsenicum[3] was the remedy which cured these cases.

It was noticed that a case of Asiatic cholera was reported in the New York papers of that morning.

A free discussion followed, on potencies leading to an expression from those present as to the impropriety of homœopathic students attending allopathic medical colleges. The unanimous opinion prevailed, that there were too many homœopathic medical colleges, and that it would be far better, if there were not more than two in the United States, one east and the other west. The ablest talent in the homœopathic profession should be represented in them, in order to afford students all the facilities for acquiring a thorough knowledge of all the departments in medical science, equal in every respect to that to be attained at any allopathic medical college in this country or in Europe.

On motion of Dr. Jones, Drs. Watson, Wells and Gardner, were appointed a committee to investigate thoroughly the present system of medical education, and report resolutions at the next meeting.

Dr. Raymond reported, verbally, on the treatment of cerebro-spinal meningitis.

Dr. Wells thought glonoine would yet prove to be a remedy of great value in the treatment of this disease. He thought it would prove as useful a remedy in diseases of the cerebellum as belladonna in diseases of the cerebrum.

Dr. Jones reported a case of abscess of the perinæum. It discharged more than a pint of pus, very dark at first. The patient had previously suffered from two abscesses in this region, and both had opened into the rectum.

Dr. Munger thought a complete fistula would be formed there. He treated fistula by injections of kreosotum, fourteen drops to an ounce of rain water, to be thrown into the fistula with a small syringe once or twice daily. He related the cure of a case of fistula of the mammary gland by this method.

At one o'clock P. M., adjourned for dinner.

AFTERNOON SESSION.

The meeting was called to order at 1.45 P. M.

Dr. Willis read a history of a case of epulis.

On motion of Dr. Gardner, the regular order of business was suspended for the purpose of electing candidates for membership.

Drs. Zeitler and C. H. Thompson were duly elected members of the Society.

Dr. Wells read a very valuable paper on lachesis, by Dr. C. W. Boyce, of Auburn. In the course of the discussion following the reading of this paper, Dr. Wells stated that he had never known of a case of hemorrhoids in a person who used neither coffee or tobacco. He had recently cured a case of this disease with a single dose of ignatia[1000].

Dr. Hill presented a report of a case of tænia solium, which was read by the Secretary.

Dr. Jones reported the history of two cases of disease treated by sepia[200].

Dr. Wells, in appropriate remarks, referred to the death of one of the members of the Society, the late Dr. A. A. Mason, of Knox Corners.

Dr. Gardner was appointed a committee to report appropriate resolutions. He presented the following, which was unanimously adopted:

Whereas, in the dispensation of Divine Providence, Dr. A. A. Mason, of Knox Corners, a member of this Society, in the prime of life and the midst of usefulness, has been stricken down suddenly by disease, therefore

Resolved, That while we submit to the behests of the Most High, in the true spirit of resignation, we feel his loss and mourn his death.

Resolved, That we deeply and truly sympathize with the family and friends of the deceased, and would commend them to the care of Him who has promised to be a Father to the fatherless and the widow's God.

Resolved, That a copy of these resolutions be presented to the widow of the deceased.

Dr. Wells spoke of the alarming prevalence of criminal abortion. In view of the importance of this subject, the Secretary was instructed to communicate by letter or otherwise with every member of the Society, urging them to be present at the next meeting, in order to take action with reference to questions of importance to the homœopathic medical profession.

The meeting then adjourned to meet at the same place, the third Tuesday of October, 1867.

C.

PROCEEDINGS OF THE ELEVENTH ANNUAL MEETING.

The eleventh annual meeting of the Society was held at the Dudley House, in Utica, October 15, 1867.

The meeting was called to order by the President, Dr. Hill, at eleven o'clock in the forenoon. The Secretary, Dr. G. J. Jones, having removed from the county, Dr. Wells was chosen secretary, *pro tem.*

The following members were present: Drs. Watson, Wells, Hill, Gardner, Scudder, Southwick, Thompson, Zeitler, Willis and Stebbins.

The minutes of the previous meeting were read and approved.

Dr. G. J. Jones, of Ohio, was elected an honorary member.

Dr. Gardner, of the committee on medical education, presented a report in which he advised an extension of the period of the study of medicine, recommending that students be required to attend three full courses of medical lectures, and six months' attendance in hospital practice, clinics, etc.

On motion of Dr. Watson, it was

Resolved, That the delegates to the State Society be instructed to present this subject for consideration at the next annual meeting.

Dr. Wells, of the committee on criminal abortion, presented a report setting forth its prevalence and effects upon society.

On motion of Dr. Stebbins, the following resolutions were unanimously adopted:

Resolved, That each member of the Homœopathic Medical Society of Oneida County, give in writing, the name and location of the medical college or colleges in which he attended two full courses of lectures, and graduated.

Resolved, That the Secretary of the Society be required to give immediate notice of the above resolution to all absent members, requesting a prompt reply in order that the information thus obtained may be published in the Transactions of the Society.

The following resolutions were also unanimously adopted:

Resolved, That as members of the Homœpathic Medical Society of Oneida County, we will not retain in fellowship any associate who may be guilty of the crime of producing abortion, except when performed in order to save the life of the mother, and then, only under the advice of one or more members of the medical profession.

The following preamble and resolution was adopted unanimously:

Whereas, We recognize the importance of aiding a Life Insurance Company which gives the adherents of homœopathy the full benefits of the increased longevity attendant upon that system of medical practice; therefore

Resolved, That we cordially recommend the Atlantic Mutual Life Insurance Company to the patronage of the adherents of the homœopathic system of medical practice on account of its sound financial management and its just discrimination in favor of those who employ the homœopathic practice.

Resolved, That we give our confidence and pledge our united and active support to all reliable Life Insurance Companies based upon these principles.

Dr. Stebbins read a very valuable paper on diseases peculiar to women, so prevalent in this country, attributing them, in a majority of cases, to the unnatural modes of dress and customs prevalent in society. He urged physicians to endeavor to promote a reform to the fullest practicable extent of their influence.

On motion, a resolution was adopted instructing the the delegates to present this subject for consideration at the next meeting of the State Society.

Dr. Zeitler, of Camden, reported a case of cholera in a collapsed state, and the recovery of the patient.

Officers for the ensuing year were elected. See page 571.

On motion, adjourned to meet on the third Tuesday of June following.

ARTICLE LXXXVIII.

Placenta Previa. By C. JUDSON HILL, M. D., of Utica, late Assistant Surgeon (Brevet Captain) N. Y. S. Vols.

I was called October 18, 1867, to see Mrs. S——, aged 40, who was pregnant with her fourth or fifth child, and who believed herself about to be confined. She stated that in her previous labors she had always suffered severely from pain and hemorrhage, and she apprehended similar trouble at this time, which caused her to be very low spirited. I learned that her apprehensions of danger were grounded upon the fact that she had uterine disease, and had been under allopathic treatment for several months without any apparent benefit. She was also suffering from acute bronchitis,

and with every paroxysm of coughing she suffered from cramps in the stomach and abdomen, accompanied with pain which she attributed to the commencement of labor.

She said that about four hours before I arrived at the house the waters had broken, and she thought that she was actually in labor. On examination found the os uteri undilated and no signs of labor present. I informed her that I did not think she would be sick then, and advised her to keep quiet, and to inform me in case regular pains came.

November 24, 6 A. M., I was again summoned, and this time found the patient in actual labor. She was sitting up and apparently comfortable during the intervals of pain. On making an examination while the patient was sitting up, I found the os uteri dilated, and also discovered a projecting mass which appeared to be a breech presentation, but could not make a satisfactory examination in this position; told her she had better lie down. She finally consented, but before the nurse could get the bed prepared she commenced flowing profusely. I immediately summoned Dr. Watson, who arrived in a few minutes.

On further examination the case proved to be one of placenta previa, the placenta covering and filling up the entire os uteri; on the anterior or pubic lip of the uterus the placenta was partially detached. Dr. Watson introduced his hand and removed the placenta entire, the patient flowing profusely with each pain, almost to syncope. The head presented in the first position, and immediately descended, occupying the space from which the placenta had been removed, and labor proceeded without further hemorrhage and terminated in about fifteen or twenty minutes. The child was dead, but the mother rallied under appropriate treatment. After the removal of the placenta, ergot tincture in drachm doses was administered to facilitate the uterine contractions and prevent hemorrhage. After delivery, brandy and beef tea were given every hour or two, except in the intervals of rest.

No unfavorable symptoms were observed until the tenth day, when I was called to see her again, and found that during the night she had been taken with violent chills, followed by light fever; great pain in the head, bowels and limbs; pulse 120, full and bounding; lochial discharge very offensive, so much so that the patient abhorred herself. Ordered tepid water injections to the vagina, and administered aconite and bryonia tincture, ten drops in a tumbler half full of water, a teaspoonful alternately by every

hour; cooling drinks, free ventilation, etc. Improvement seemed so great on the second day, all medicines were discontinued.

Unavoidable hemorrhage occurs so suddenly, and is so rapid in its progress in the majority of cases, that we are very apt to be thrown off our guard unless the subject is thoroughly understood beforehand. Nothing can preserve our calmness and presence of mind under such circumstances unless we are prepared to meet every variety of hemorrhage with its appropriate treatment.

The danger attending such cases is very great, so much so that it is impossible to wait for assistance. The life of the mother and child is in imminent peril. Often with the first discharge the life of the latter is extinguished. It is, probably, the most trying occasion which can happen to us as obstetricians, and calls for the most prompt exercise of our judgment and skill. Happily for the mother, such cases are not very frequent. Statistics gathered from the most reliable sources, show that they are comparatively rare, probably about one in five hundred; but the mortality is fearful, both to the mother and child.

It is estimated that about one in three of the mothers die; and of the children more than half, or about sixty-five per cent. The flooding in these cases is the necessary consequence of the dilation of the os uteri, by which the connection between the placenta and the uterus is separated, and as labor advances, the disruption becomes greater and the hemorrhage more excessive until the head of the fœtus is expelled through the os uteri. It is evident then that the cause of the hemorrhage is the separation of the placenta from the cervix uteri, and the consequent exposure of the mouths of the ruptured vessels, and is effected and increased by the uterine contractions dilating the os uteri.

In these cases the placenta may be situated partially or entirely over the os uteri, or it may come down only to the edge of the cervix uteri, and will accordingly require some difference in management. Dr. Simpson considers that the hemorrhage is mainly from the placenta, and venous in character. Drs. Churchill, Mackenzie and others, disagree with him, and contend that the blood is as frequently arterial as venous, and that, although some of it may come from the placenta, by far the greater portion escapes from the uterine vessels.

In placenta prævia, a premonitory discharge usually occurs about three or four weeks prior to the commencement of labor, and coincident with the beginning of the process of dilatation of the

cervix uteri. The discharge varies in quantity, but, as a general rule, is not very excessive at first, and is seldom accompanied with pain. After it has been controlled, the patient rallies, and for a time is apparently as well as ever; but the hemorrhage may return, perhaps, in greater quantity, and again cease; and thus it may go on repeatedly up to the full term of gestation unless interfered with, or premature labor be induced.

With the first sensible contraction of the uterus the flooding comes on more profusely and increases with each pain; thus it would go on until death supervened in most cases before delivery if no assistance is rendered. There are some cases on record in which the placenta was forced through the os uteri before or along with the child, which is considered decidedly the happiest natural termination.

The first case of this kind was recorded by F. Dossins in his *Observo Medicinal*, 1672, page 380, obs. 24. Besides this, Smellie and Lee have recorded three; Ramsbottom, five; Hamilton, two; F. Ramsbottom, two; Baudelocque, Perfect, Chapman, Merriman, Barlow, Collins and Maunsell, one; etc. (Churchill, p. 467).

The symptoms as above described are thus far alike (supposing the head to present) whether the placenta be situated entirely or partially over the os uteri, or only down to its margin, but the difference can be detected upon making a per vaginum examination. When the placenta covers the entire os uteri it will be closed by a thick, soft, spongy mass, which does not break down under the finger, and is firmer than a clot, and through which we cannot detect the presentation.

In the second form, where there is only a partial attachment, the spongy mass covers only a portion of the os uteri, and the edge can be felt distinctly, as well as the membranes which cover the remaining portion of the cervix, and through which we may detect the presentation. In the third, we find the os uteri closed by the membranes only, but on extending the examination we discover some portion of the cervix much more thickened than the other, and after delivery, the membranes will be found perforated close to the os uteri.

A slight deviation from the above may occur in some of the cases when the placenta covers the os uteri at the commencement of labor, and it will be found to extend only partially over the orifice when it is dilated. The most favorable presentation in placenta prævia is that of the feet, especially when there is only

a partial implantation of the placenta, or when it only comes down to the edge of the os uteri, for, although the detachment of the placenta will increase with the dilatation, yet the flooding will be arrested by the pressure of the body of the child upon the placenta, and also saves the introduction of the hand to turn the child.

The diagnosis of placenta prævia is easily made if we bear in mind the apparently causeless hemorrhage which occurs three or four weeks prior to the commencement of labor; and the increased discharge which accompanies every pain during labor; and the detection of the placenta upon vaginal examination.

The treatment varies with the actual existence of hemorrhage, period of pregnancy, amount of attachment, and state of the os uteri. The indications in early hemorrhage is to restrain the bleeding by temporary expedients; use rest in the horizontal position in a cool room, covering the patient lightly with clothing, and give cold and acid drinks, injections of cold water and small doses of opium, and if necessary use the plug.

As several such hemorrhages are likely to occur, we should direct the patient to send for assistance immediately upon its recurrence. Some authors state that if it occurs at the sixth month nature will effect a delivery unaided; if not, it is recommended to perforate the membranes with a stilletto, and if there is only a partial attachment, rupturing the membranes and giving ergot is advised; but there is some objection to the administration of ergot, since in case version is required, it is found to be more difficult.

If we find the os dilated and the hemorrhage profuse, version must be attempted at once, but if it is not dilated, must wait until it is dilatable only. The size of the os uteri is not to be our guide, but its dilatability, for death may occur and the os uteri be but little dilated. Sometimes the placenta may prevent dilatation. Cases occurring early, say at the seventh month, the os uteri is found, not only undilated, but the cervix also is rigid and firm. Therefore, we must be guided by the amount, frequency and suddenness of the hemorrhage, and especially by its effects upon the system, and by the dilatability of the os uteri. If we find the os uteri not dilatable, we may use an alum plug applied to the os, and on this use a full tampon to the vagina, must watch the patient carefully, for hemorrhage may proceed internally. Watch the surface, countenance and pulse, and if the patient complains

of a sensation of bursting, hemorrhage is probably occurring and may become serious. The tampon is not to be left longer than twenty-four hours; must enquire into the state of the bladder also, for the catheter may be required. We must be ready to turn on the removal of the tampon. Dewees objects to perforating the placenta, and gives his reason as follows:

First—We lose time.

Second—It augments flooding by detaching more of the placenta.

Third—The aperture made is too small for the fœtus.

Fourth—The opening made by the child's body will not permit the head to pass.

Fifth—This increases the hemorrhage.

Sixth—It destroys vessels on which the child's life depends.

Seventh—It is sometimes impossible in central cases.

As soon as version is accomplished and the feet brought down, give ergot to hasten labor, and we may expect the hemorrhage to moderate as soon as the breech engages. We must be on the guard to secure firm contraction by pressure over the fundus, cold applications and by gradual delivery. Should the delivery of the placenta be delayed, must remove it as soon as possible.

Sometimes the hemorrhage is so profuse that the patient is greatly reduced, even to syncope. When this occurs, the bleeding is arrested for a time, but will recur again upon recovery. The danger in these cases is, that if we attempt delivery the flooding may come on again and the patient die even before a delivery can be affected. In such cases we must use stimulants freely, both externally and internally, and avoid delivery unless the hemorrhage is severe. Must wait for reaction, and as soon as flooding comes on proceed to delivery. Must be guided by the fact as to whether the syncope is caused by a sudden gush, or by dribbling hemorrhage.

Version has many advocates, among whom are some of our noblest obstretricians, and probably in the majority of cases it is our only resource. Still, there is great danger attending it, for in many instances the mother perishes before delivery can be effected.

Kinder, Wood, Radford and Simpson advocate the detachment of the placenta and leaving the delivery to nature, and support their views by the fact that the placenta is sometimes expelled before the fœtus, and, also, that in such cases the hemorrhage ceases.

Simpson reports 141 cases; of these ten died, or one in fourteen. By the old practice of version the mortality is about one in three, and in 110 cases, seventy-three children were dead, or about sixty-nine per cent, and thirty-three alive, or one in three. Simpson also says that the bleeding is either diminished or ceases entirely on detaching the placenta.

The cases in which it is proposed to detach the placenta are as follows:

First—Where the hemorrhage is excessive and the os uteri undilated and undilatable.

Second—In premature labor with an undeveloped os uteri.

Third—In all cases occurring before the seventh month.

Fourth—Where the uterus is too contracted.

Fifth—Where the passage is too contracted.

Sixth—In most primiparæ.

Seventh—In cases of extreme expansion, and when the child is dead.

Churchill objects to the extraction of the placenta, except—

First—In cases of extreme exhaustion, where the mother is unable to bear the shock of turning or any additional loss of blood, if the os uteri is dilated or dilatable, and the circumference of the placenta is within reach. He thinks it might be done with safety, as the hemorrhage is said to cease after the removal of the placenta, and we may give time, even if we have to resort to artificial delivery afterwards.

Second—In cases where the flooding is considerable, the presentation natural and the pains strong (the cases in which the placenta is sometimes expelled before the child), he seems to think there would be no objection to arrest the hemorrhage by the removal of the placenta and leaving the conclusion of labor to the natural powers, either alone or stimulated by galvanism.

In these two classes of cases, he thinks the results of Dr. Simpson's statistics almost exclusively apply, and he would recommend even then the utmost caution.

ARTICLE LXXXIX.

Petroleum in the Treatment of Burns. By G. J. JONES, M.D.

I was called April 8th, 1867, to see the son of our landlord, said to have been burned quite badly. I found him suffering intensely from the pain; his face presented a frightful appearance.

His hands, too, were badly burned. As he had been exposed to the air for nearly half an hour, his face was partially covered with blisters. The hair on the fore-part of the head was badly singed, and his eye-lashes were completely gone.

The lad was pouring powder out of a can, which he held in his right hand, when the whole of the powder ignited, exploding the can.

I ordered an application of crude petroleum to the surface and covered the hands loosely with raw cotton.

In fifteen minutes the pain had ceased, and the next morning he felt well. I gave him from the first aconite and cantharides[2] in alternation every two hours.

After the expiration of seven or eight weeks there were scarcely any traces of the injury visible.

This is only one of many cases of like character in which I have used petroleum with good success.

ONONDAGA COUNTY MEDICAL SOCIETY.

ARTICLE 90.—List of Officers, Delegates, Committees and Members.
91.—Clinical report. A Characteristic. By R. E. BELDING, M. D.

ARTICLE XC.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. Stephen Seward, President.
R. D. Rhodes, Vice-President.
R. E. Belding, Secretary and Treasurer.

Censors.

Dr. Wm. A. Hawley, Dr. W. R. Brown, Dr. W. H. Hoyt.

Delegates to the State Medical Society.

Dr. A. R. Morgan, Dr. Wm. H. Hoyt, Dr. W. R. Brown.

Honorary Members.

Drs. L. B. Wells, Utica, Oneida County.
J. C. Raymond, do do
G. B. Palmer, East Hamilton, Madison County.
T. W. Stowe, Fulton, Oswego County.
D. J. Chaffee, Palermo, do
H. B. Fellows, Aurora, Cayuga County.
M. F. Sweeting, South Butler, Wayne County.

Members.

Drs. J. G. Bigelow, Syracuse, Onondaga County.
L. Clary, do do
W. A. Hawley, do do
W. H. Hoyt, do do
H. V. Miller, do do
R. E. Belding, do do
J. W. Sheldon, do do
S. Seward, do do
B. B. Schenck, Plainville, do
R. D. Rhodes, Marcellus, do
W. K. Brown, Homer, Cortland County.

The annual meeting is held on the first Tuesday in May; the semi-annual on the second Tuesday in October.

ARTICLE XCI.

Clinical Report—A Characteristic. By R. E. BELDING, M. D.

July 15, 1867, Madame S——, æt. 24, came to me for medical advice. She is slender but short, blonde complexion. For several years has had much distress, during and before menstruation. Much pain and soreness in left hypochondrium, going through to the lower border of right scapula; worse when lying on left side, and during menstruation, which is generally regular as to time, occasionally a little late, blood dark, thick, lasting four days, proceeded by headache, (frontal,) accompanied by profuse, watery, dark-colored diarrhœa; cutting colic before stool; chilliness, bearing down and drawing pains in the limbs, and soreness of the hips; much thirst at night, with dry mouth; takes cold very easily; sleep broken from 12 to 2 A. M; appetite poor. Cool, dry weather best agrees with her. Every summer is subject to urticarious eruptions.

Up to the 1st of September, she had phosphorus^{200}, belladonna^{200}, and rhus tox.^{200}, with slight benefit.

A more careful examination, at that time, developed these additional symptoms, viz: Frequent dreams of robbers in the house, and on waking will not be satisfied until her husband has searched the house for them; also, "has frequent cold sores on upper lip, looking like pearls or white blisters." These symptoms characterized natrum muriaticum, one dose of which, in the 200th potency, afforded restoration of normal menstruation, freedom from pain, diarrhœa, or other untoward symptom.

ONTARIO COUNTY MEDICAL SOCIETY.

ARTICLE XCII.

List of Officers, Delegates, Committees, and Members.

Officers.

Drs. O. E. Noble, President.
T. D. Richard, Vice-President.
J. B. Voak, Secretary and Treasurer.

Censors.

Dr. A. B. Smith, Dr. J. H. Stebbins,
Dr. N. B. Covert.

Delegates to the State Medical Society.

Dr. O. E. Noble, Dr. E. B. Holmes.

Honorary Members.

Drs. J. T. Patchen	Fond du Lac	Michigan.
M. Kingsley	Kingsville	Ohio.
W. Gulic	Watkins.	

Members.

Drs. O. E. Noble	Penn Yan	Yates County.
H. W. Smith	Rushville	do
George Z. Noble	Dundee	do
E. W. Rogers	do	do
E. B. Holmes	Canandaigua	Ontario County.
J. B. Voak	do	do
J. A. Hawley	do	do
J. H. Stebbins	Geneva	do
N. B. Covert	do	do
A. B. Smith	do	do
T. D. Richard	Phelps	do
Henry Foster	Clifton Springs	do
M. W. Combs	Miller's Corners	do

The annual meeting of the Society is held the third Wednesday in October.

The semi-annual meeting the first Wednesday in June.

OSWEGO COUNTY MEDICAL SOCIETY.

ARTICLE 93. List of Officers, Delegates, Committees, and Members.
94. Clinical Report. By T. DWIGHT STOWE, M. D.

ARTICLE XCIII.

List of Officers, Delegates, Committees, and Members.

Officers.

Drs. Geo. D. McManus, President.
W. L. Woodbury, Vice-President.
T. D. Stowe, Secretary and Treasurer.

Censors.

Dr. Augustus Pool, Dr. T. Dwight Stowe,
Dr. Geo. D. McManus.

Delegates to the State Medical Society.

Dr. Geo. D. McManus, Dr. W. L. Woodbury,
Dr. Augustus Pool.

Committees.

Drs.	W. W. Rundell	Theory and Practice.
	T. W. Stowe	Pathology.
	Augustus Pool	Obstetrics.
	W. L. Woodbury	Epidemics.
	Geo. D. McManus	Surgery.
Mrs.	Catherine Townsend	Diseases of Women.
	Harriet Rundell	Diseases of Children.

Honorary Members.

Drs.	W. A. Hawley	Syracuse	Onondaga county.
	A. R. Morgan	do	do
	C. W. Boyce	Auburn	Cayuga county.

Members.

Drs.	W. W. Rundell	Mexico	Oswego county.
	Augustus Pool	Oswego	do
	Geo. D. McManus	do	do

Drs. W. L. Woodbury...	Fulton	Oswego county.
T. Dwight Stowe...	do	do
Garrett Smith.....	Phœnix	do
Mrs. Harriet Rundell....	Mexico.....	do
Catherine Townsend.	Oswego	do

The annual meeting is to be held at Oswego city on the second Tuesday of June. The semi-annual meeting is to be held at such place within the county as may be designated by vote of the Society upon adjournment; but change of place may be made upon request of two or more members, by order of the President, to whom such request must be presented.

ARTICLE XCIV.

Clinical Report. By T. Dwight Stow, M. D., of Fulton.

CASE I.

Cephalalgia.—E. D——, aged nineteen years; hair, dark brown; eyes, grey; complexion, sallow; height, five feet nine inches; weight, 133 lbs.; a moulder by trade. When seven years of age suffered from an attack of cephalalgia, which had, up to the time of making my prescriptions, some time in July, or August last, continued at intervals of two or three months, and lasting, variedly, from three days to three weeks. He had been treated allopathically a considerable portion of the time, but finally becoming disgusted, quit all medication.

Symptoms.—Intense pain over right eye and seemingly through the supra-orbital foramen; pains as though a needle were pushed through into the brain, pressure from without inward; appetite disordered; sometimes mad delirium; nausea and vomiting. Eyes red, swollen and protruding.

Characteristics.—Coming on in morning, at or near nine o'clock, generally stopping at two P. M. Aggravated by noise, washing hands in cold water, dropping the head forward, stepping heavily. Amelioration, by soft pressure, lying on back and heat.

Treatment.—Gave ignatia amara.^{cc} one dose; sac. lac. twelve powders. Within two hours pain entirely gone, and up to February 6th, 1868, had no return. What is better, he was never in better health.

CASE II.

February 1st, was called to see Miss E. A——, an unmarried lady of nineteen. Complained of soreness in throat, chills, lameness, headache, dysphagia, tongue coated completely with a thick, dirty, yellow fur. Had in the onset a heavy chill and afterwards fever and vomiting. On examining the fauces found bright redness, with swelling of tonsils, velum pendulum palati and uvula. Tonsils, uvula and palatine arch thickly covered with a tough, greenish yellow diphtheritic deposit. Her hands and feet were cold and inclined to be purple, face deep purplish red. Second and third days breath so offensive as to nauseate bystanders.

Characteristics.—Soreness and pains in fauces commenced in left side and extended to right. Swallowed fluids best; empty deglutition almost impossible. Worse in the morning and on waking from sleep. Sensation as of tumor in throat. When swallowing pain extended to left ear.

Treatment.—Lachesis^{200}, cured the case in four days. No other remedy used. Administered the medicine every three and five hours.

OTSEGO COUNTY MEDICAL SOCIETY.

ARTICLE XCV.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. T. J. Wallace, President.
E. D. Lenard, Vice-President.
E. B. Warren, Secretary and Treasurer.

Censors.

Drs. C. W. Fox, E. B. Warren, Drs. T. S. Blodgett, N. Getman.

Delegates to the State Medical Society.

Dr. T. S. Blodgett, Dr. N. Getman.

Committees.

Drs. J. T. Warren and M. Matteson	Epidemics.
C. W. Fox and E. B. Warren	Surgery.
J. H. Foote and T. S. Blodgett	Materia Medica.
R. E. Miller and C. W. Fox	Diseases of Women and Children.
M. Matteson and C. W. Fox	Obstetrics.

Honorary Members.

Drs. T. C. White	Rochester	Monroe county.
C. Bruchhausen	Norwich	Chenango do

Corresponding Members.

Drs. S. C. Warren	Syracuse	Onondaga county.
J. R. White	New York	New York do

Members.

Drs. C. W. Fox	Morris	Otsego county.
Merrit Matteson	do	do
E. B. Warren	Middlefield	do
T. S. Blodgett	Cooperstown	do
Norman Getman	Richfield Springs	do

Drs. M. J. Matteson	Butternuts	Otsego county.
E. D. Lenard	Otego	do
J. T. Wallace	New Berlin	Chenango county.
R. E. Miller	Oxford	do
J. H. Foote	Franklin	Delaware county.
C. N. Guy	Davenport	Delaware county.

The annual meeting is held on the second Wednesday of June; the semi-annual, second Wednesday in January.

RENSSELAER COUNTY MEDICAL SOCIETY.

ARTICLE XCVI.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. M. W. Campbell, President.
J. P. Bloss, Vice-President.
C. G. Clark, Secretary and Treasurer.

Censors.

Dr. S. A. Cook, Dr. C. S. Woodruff, Dr. W. S. Searle.

Delegates to the State Medical Society.

Dr. C. H. Carpenter, Dr. M. W. Campbell,
Dr. C. S. Woodruff.

Committees.

Drs. R. D. Bloss	Theory and Practice.
C. S. Woodruff	Pathology and Therapeutics.
W. S. Searle	Materia Medica.
J. P. Bloss	Obstetrics.
H. R. Fuller	Diseases of Women.
C. W. Carpenter	Diseases of Children.

Members.

Drs. W. S. Searle	40 Second st., Troy.	Rensselaer Co.
S. A. Cook	1 Clinton pl., Troy.	do
M. W. Campbell	36 Fifth st., Troy..	do
R. D. Bloss	47 Fourth st., Troy	do
J. P. Bloss	Second street, Troy.	do
C. W. Carpenter	1 Fifth street, Troy.	do
D. W. Pitts	Johnsonville	do
H. R. Fuller	Lansingburgh	do
C. S. Woodruff	Third street, Troy..	do
C. G. Clark	37 Fifth st., Troy..	do
E. S. Coburn	70 Second st., Troy.	do
Chas. Thompson	Pittstown Corners..	do

Dr. John Younglove, removed to Elizabeth, N. J.

Dr. J. F. Miller, removed to Cambridge, Washington county.

The annual meeting for election of officers is held on the third Tuesday in October; the semi-annual meeting on the third Tuesday in June.

SARATOGA COUNTY MEDICAL SOCIETY.

ARTICLES 97.—List of Officers, Delegates, Committees and Members.
98.—Case of Ascites. By B. F. CORNELL, M. D, of Moreau Station, New York.
99.—Nitrate of Uranium in the treatment of Diabetes. By B. F. CORNELL, M. D., of Moreau Station.

ARTICLES XCVII.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. E. B. Cole, President.
Zina Clements, Vice-President.
S. J. Pearsall, Secretary and Treasurer.

Censors.

Dr. B. F. Cornell, Dr. Jas. F. Doolittle.

Delegates to the State Medical Society.

Dr. E. B. Cole, Dr. Z. Clements.

Members.

Drs. B. F. Cornell.....	Moreau Station.....	Saratoga county.
Zina Clements.....	Saratoga Springs..	do
S. J. Pearsall.....	Saratoga Springs..	do
E. B. Cole.....	Waterford.....	do
P. H. Hulst.....	Schuylerville	do
J. F. Doolittle.....	Ballston Springs...	do

The annual meeting is held on the second Tuesday in July.

ARTICLE XCVIII.

Case of Ascites. By B. F. CORNELL, M. D., Moreau Station.

The following case of ascites is not reported as a homœopathic cure, but for the magnitude and anomalous proportions of the case. The quantity of the fluid exceeding any case on record.

In the year 1837 I was engaged in the allopathic practice of medicine in the city of Columbus, Mississippi. In the month of

September I was called about eighteen miles from the city over the border of the State, into Alabama, to visit Mary, daughter of Maj. Gore, aged twenty years, tall in stature, light complexion blue eyes, auburn hair, nervo-sanguineous temperament. I was astonished at the appearance the case presented.

The history of the case is as follows:

When fourteen years of age, she was attacked with rubeola, which from exposure was repelled. The catemenia was also suppressed: soon after this the abdomen began to enlarge and continued to do so for six years up to the time of my visit. She had been under various systems of medical treatment, including Botanic, Thompsonian and Indian; the last claimed to have learned of the Indians the art of cure and had some celebrity among the backwoods settlers in that new settlement; I mention this practitioner on account of the theory he advanced respecting the cause of the disease. He avowed that there were several small holes through the stomach making it a sort of strainer through which the fluids escaped and accumulated in the abdomen. The case presented the following features:

The whole body was enlarged; there was no waist, the expansion commenced at the clavicle in front, and the axilla on the sides; the back was broad, the false ribs were much distended, as also the lower portion of the sternum, making the distension uniform from the throat to the lower portion of the bowels. The general health was not very materially impaired. The appetite and digestion were good, the quantity eaten was not as great as formerly, from the want of room to contain it. The heart's action but little disturbed, about seventy-two beats per minute; the breathing, particularly after much exercise, was labored and increased; was able to ride fifteen to twenty miles in a day, in a carriage. After making a critical examination, and finding no organ materially affected and the strength good, I decided to perform the operation of paracentesis. I prepared a bandage about three inches wide and many yards in length; she sat in a chair; the trocar was introduced in the linea alba, and as the fluid escaped I commenced applying the bandage around the body, commencing at the axilla, with as much tension as she could bear; this prevented faintness or exhaustion. The fluid was fifty-five minutes in discharging, measured 12¼ gallons and weighed 100 pounds and 12 ounces. The day before the operation she weighed 202 pounds, the day after 98 pounds. The fluid was of a straw color; she sat

up during the entire discharge of the fluid. After having rested some four hours, the bandage was removed and the following condition was presented: The integuments at the navel could be carried round like a blanket five inches beyond the spine. The ribs spread outward, and the diaphragm so much distended that a large loaf of bread could be passed up under the ribs on either side above the false ribs. I had a corset prepared, and after bathing the body with dilute alcohol and rubbing it vigorously with the hand for several minutes, the corset was put on and laced with as much force as could be endured; then applied the bandage as before. I had these removed every day, and after bathing and friction with the hand, applied and replaced. I pursued this course for some thirty days, when I left it off at night; some two weeks after abandoned it entirely, substituting one broad bandage pinned snugly around the abdomen. The corset was continued till the ribs were compressed into the natural form; the integuments gradually contracted, and in the course of a year the shape had become nearly normal. The only remedies used internally were diuretics, tincture of iron and an alkali made by burning grapevine, the ashes put in water and taken after eating. I remained in that city two years after the operation, and at that time no accumulation of fluid had taken place. I attribute the cure to compression. The only unpleasant sensation she complained of after the operation was a pain in the lungs as the air distended them. The exertion necessary to raise her voice to a natural tone was so great as to be heard several rods. The case was published about a year after in the Columbus papers, and copied into those of all the principal cities of the South; I heard from the patient one year after I left Columbus; there had been no accumulation of fluid.

ARTICLE XCIX.

Nitrate of Uranium in the Treatment of Diabetes. By B. F. CORNELL, M. D.

In May, 1865, Mrs. —— was brought to my house; she was lifted from the carriage and supported in, when she was compelled to rest for some time before I entered upon an examination of her case. She was entirely colorless, not the slightest appearance of blood in her lips, tongue, ears or on the entire surface of the body or extremities; her eyes were sunken; her cheek bones prominent; her body emaciated; acidity of the stomach; costiveness

and hæmorrhoids; palpitation of the heart, inordinate thirst; roaring in the ears, with fainting turns. My first impression was that some great drain from the system caused this train of symptoms. Consequently I inquired, have you any hemorrhage from the lungs, uterus, bowels or nose? the answer was in the negative. Catamenia excessive or too frequent? still the answer, no. How long has this state of the system existed? commenced to decline about five years ago and gradually increased to the present time. Had been under various forms of treatment by five different physicians in Boston, and several in other places. Had been treated for all the ills of diseased humanity.

I then commenced a more critical examination, in which the lungs, the heart, the uterus, stomach and bowels were investigated, and still no response. I then examined the spine, and in tracing it down I found tenderness near and extending to the kidneys; this led to the question, how much urine is voided in the twenty-four hours? the reply was, from eight to ten quarts. This increase of urine had been so gradual and so long continued that she had not supposed it to be the cause of other symptoms. I had just received some nitrate of uranium from a friend, and decided to try it in this case. I had no proving of the remedy and consequently its use was entirely empirical. I gave three grain doses of the 3d decimal trituration three times a day and requested her to report in two weeks. At the expiration of that time she returned, jumped out of the carriage with but slight assistance, came tripping into the house, her lips and cheeks were red, her eyes sparkling, and the greatest change I ever saw in so short a time. She replied to my inquiry with regard to the state of her health, that she was well; the urine was reduced to two quarts a day, thirst, palpitation, acidity and costiveness all relieved. I gave her another supply of the same remedy, to be taken in case there should be any return of the symptoms. At the present time, six months later, the patient is perfectly well. Fourteen months after the first prescription I learned that the patient was well, and had suffered no return of her old complaint.

I have since treated several cases of diabetes with nitrate of uranium with decided success.

STEUBEN COUNTY MEDICAL SOCIETY.

Article 100.—List of Officers, Delegates, Committees and Members.
101.—Report of the Steuben County Homœopathic Medical Society, comprising:
A. Organization of the Society, May 25, 1867.
B. Proceedings of an adjourned meeting, held June 11, 1867.
C. Proceedings of First Semi-Annual Meeting, held Novvember 19, 1867.
By J. M. Cadmus, M. D., Secretary.

ARTICLE C.

List of Officers, Delegates and Members.

Officers.

Drs. A. De Wolfe, President.
Wm. S. Purdy, Vice-President.
J. M. Cadmus, Secretary and Treasurer.

Censors.

Dr. B. F. Grant, Dr. H. S. Benedict, Dr. P. S. Hollett.

Delegates to the State Medical Society.

Dr. B. F. Grant, Dr. J. M. Cadmus.

Honorary Member.

Dr. Joseph P. Morris... Mansfield ..... Pennsylvania.

Members.

Drs. A. De Wolfe	Bath	Steuben county.
W. S. Purdy	Addison	do
H. S. Benedict.....	Corning	do
B. F. Grant.....	Bath	do
P. S. Hollett.....	Sonora	do
J. M. Cadmus.....	Hammondsport	do
W. J. Bryan.....	Cohocton	do

The annual meeting of the Society is held on the third Tuesday of May; the semi-annual meeting the third Tuesday of November.

ARTICLE CI.

Report of the Steuben County Homœopathic Medical Society, comprising:
A. Organization of the Society, May 25, 1867.
B. Proceedings of an Adjourned Meeting, held June 11, 1867.
C. Proceedings of First Semi-Annual Meeting, held November 19, 1867.
By J. M. CADMUS, M. D., Secretary.

A.

ORGANIZATION OF THE SOCIETY.

At a meeting of the homœopathic physicians of Steuben county, held at the office of Dr. H. S. Benedict, in the village of Corning, on Saturday, May 25, 1867, for the purpose of organizing a county Homœopathic Medical Society, Dr. A. De Wolfe, of Bath, was chosen Chairman, and Dr. Cadmus, of Hammondsport, Secretary.

On motion, a list of names of the physicians present was recorded by the Secretary, as follows:

Drs. A. De Wolfe and B. F. Grant, of Bath; Dr. Wm. S. Purdy, of Addison; Dr. P. S. Hollett, of Sonora; Dr. H. S. Benedict, of Corning; Dr. J. M. Cadmus, of Hammondsport; and Dr. W. J. Bryan, of Liberty.

Dr. Benedict offered the following resolution which was unanimously adopted:

Resolved, That the physicians present proceed to organize a Homœopathic Medical Society for the county of Steuben, in the State of New York, in pursuance of an act entitled "An act to incorporate Homœopathic Medical Societies," passed April 13, 1857.

Dr. Grant moved that the Society proceed to elect officers for the ensuing year. Adopted.

Dr. Grant offered the following resolution which was adopted:

Resolved, That the draft of constitution offered by Dr. Benedict, be and is hereby accepted as the constitution of this Society.

Dr. Wm. J. Bryan applied for membership in the Society.

The chairman appointed Drs. Purdy, Benedict and Cadmus, a committee to draft by-laws.

On motion, the Society adjourned.

B.

PROCEEDINGS OF THE ADJOURNED MEETING.

The Society met pursuant to adjournment at the office of Dr. De Wolfe, in Bath, June 11th, 1867.

The meeting was called to order by the President, Dr. De Wolfe.

The following members responded to their names: Drs. Bene-

dict, Grant, Hollett, De Wolfe, and Cadmus. Dr. Bryan was also present.

The minutes of the last meeting were read and approved.

Dr. Bryan, after a thorough examination by the Board of Censors, was elected a member of the Society.

The report of the committee on by-laws was next received. The draft of by-laws, submitted by the committee, was read by sections and adopted.

The following resolution was adopted:

Resolved, That members of this Society who shall attend the meetings of Homœopathic Medical Societies in adjacent counties, be, and are hereby, constituted delegates from this association.

The next meeting was appointed to be held at Corning on the third Tuesday of November, 1867. Meeting then adjourned.

C.

Proceedings of the First Semi-Annual Meeting.

The first semi-annual meeting of the Society was held at the office of Dr. Benedict, in the village of Corning, November 19th, 1867.

The meeting was called to order by the President, Dr. DeWolfe.

The following members answered to their names: Drs. De Wolfe, Benedict, Grant, Bryan, and Cadmus.

On motion of Dr. Benedict, Dr. Joseph P. Morris, of Mansfield, Pa., was elected an honorary member of the Society.

Meeting adjourned to two o'clock in the afternoon.

AFTERNOON SESSION.

Drs. B. F. Grant, and J. M. Cadmus, were elected delegates to the State Society.

Communications were read by Drs. Grant, Benedict, and Cadmus.

Verbal communications on various subjects, relating to medical science, occupied a considerable portion of the afternoon session.

Adjourned to meet at Bath, on the third Tuesday in May, 1868.

ULSTER COUNTY MEDICAL SOCIETY.

ARTICLE 102. List of Officers, Delegates, Committees, and Members.
103. Cases Cured by a Single Remedy. By LEVI SHAFFER, M. D., of Kingston.
104. Catarrh Implicating the Larynx and Bronchia. By FRED. W. INGALLS, M. D., of Kingston.

ARTICLE CII.

List of Officers, Delegates, and Members.

Officers.

Drs. Levi Shaffer, President.
G. D. Crispell, Vice-President.
Everitt Hasbrouck, Secretary and Treasurer.

Censors.

Dr. F. W. Ingalls, Dr. Wm. de La Montanye,
Dr. Geo. B. Ketcham.

Delegates to the State Medical Society.

Dr. F. W. Ingalls, Dr. H. H. Cator,
Dr. G. B. Ketcham.

Delegate to American Institute of Homœopathy.

Dr. F. W. Ingalls.

Members.

Drs. G. D. Crispell	Kingston	Ulster county.
Levi Shaffer	do	do
F. W. Ingalls	do	do
Wm. de La Montanye	Rondout	do
S. W. Gerow	New Paltz	do
G. B. Ketcham	Tuthill	do
C. J. Jarnigar	Saugerties	do
E. Hasbrouck	Modena	do

ARTICLE CIII.

Clinical Report. Cases cured by a Single Remedy. By Levi Shafer, M. D., of Kingston.

Case I.

Early in the morning of July 27, 1867, I received an urgent request to see Mr. ——, who was said to be suffering severely from cramp in the abdomen. Found him presenting the following symptoms: severe, constant pain, greatly aggravated every three or five minutes; the seat of the pain below and to the right side of the umbilicus, near the head of the colon. To use the patient's own graphic language, "I can put my finger upon the very spot, which feels as it was drawn forcibly upwards and backwards towards the spine." There was constant desire to defecate and urinate, but without accomplishing much. He could neither lie down, sit nor stand, though he attempted all by turns. He entreated me by all that was sacred to give him morphine or something to relieve him of his distress, as he expected to die, but did not wish to die in such agony.

On inquiring with regard to the history of the case, he told me that on the afternoon of the previous day he had been sitting in the shade on a stone step and thought he had taken cold. The attack had commenced early in the morning, only a short time before my arrival. His bowels on the day previous had been rather relaxed and moved off their contents freely; at the commencement of the attack he had taken a Seidlitz powder. Scrutinizing the symptoms in their totality, I concluded it was a case of dioscorea colic, accordingly dissolved ten grains of the second decimal trituration of dioscorein* in a tumbler of water. Of this solution the patient received two tea spoonsful every five minutes, regularly and persistently. Before an hour of treatment had expired, on expressing the opinion that he was better and wished to sleep, the remedy was discontinued.

Saw him again in about three hours, when I ascertained that he had enjoyed a refreshing sleep, had had a free movement of the bowels and a copious evacuation of urine. He said he was well. In the afternoon he was dressed and about his usual business.

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* Prepared by B. Keith and Company, New York.

CASE II.

October 3, 1867, at six o'clock and thirty minutes, P. M., I was requested to see Mrs. ——, of a nervo-bilious temperament, with dark hair and eyes, whose symptoms were: a sudden, intense, burning, lancinating pain in the instep of the left foot and darting up the limb. The pain was accompanied by numbness, and the only objective symptom was heat of the part afflicted. The attack was us heredin, not only, but accompanied also, by transient chilliness. Patient complained of some thirst, and there was a sensation of nausea. As to moral symptoms, she abandoned herself to the most gloomy forebodings and was so broken in spirit that she wept like a child.

In pursuit of a remedy, I found that aconitum had as characteristics, among others: affection of left lower extremity; dark hair; chills; numbness in part; thirst during all stages; nausea in œsophagus or throat; fear and sadness predominant; despair of recovery. The symptoms of aconitum corresponded with the totality of the symptoms of the patient.

I prescribed aconite, 3d centestimal, in water, a teaspoonful every ten minutes. After taking three doses, the patient complained of aggravation of the nausea. Supposing it might be an effect of the remedy, I substituted the 30th centesimal for the 3d and directed it to be given every ten minutes, as before, till relieved, and then the interval to be lengthened according to circumstances.

Called upon the patient at nine o'clock the next morning, and found her still in bed, though she said she was almost well. She had fallen asleep on the previous evening at her usual hour for retiring. She had been awake two or three times during the night, when she took a dose of her remedy and was presently asleep again. In short, she had eaten a hearty breakfast and needed no more medicine.

CASE III.

Mr. —— called upon me and said that his little daughter, about six years of age, had a greenish discharge from the vagina, which was much worse when walking. She had a similar attack about eight months before, during which she suffered very much from excoriation of the vulva and dysuria. Under the care of a skillful physician she recovered in three months.

Guided by the characteristic symptom of the case: she has a greenish leucorrhœa, particularly when walking. I prescribed

natrum muriaticum,[14] a remedy which has the same characteristic. The child took a powder, dry, on the tongue, night and morning, for three days, and at the expiration of a week she was cured.

Just here, a short extract from Hahnemann's writings may not be out of place: "The most formidable chronic diseases, such as may be found in families of poor peasants and mechanics, whom no fashionable physician visits, are cured in the most simple manner by anti-psorics; the cure is often effected in so short a time that it appears almost miraculous.

ARTICLE CIV.

Clinical Report. Catarrh Implicating the Larynx and Bronchia. By FREDERICK W. INGALLS, M. D., of Kingston.

In writing upon this subject one feels his inability to give anything of interest, on account of the minute manner in which some of our best writers have described its causes, course and treatment. But inasmuch as the practitioner has as many cases of this class of diseases to treat as of any other, a thorough knowledge of both the symptoms of the disease and the symptoms of the remedy is necessary to quickly and surely combat it. It probably requires as thorough a knowledge of materia medica and symptomatology to treat bronchial catarrh as any one other disease in the whole catalogue of human ills.

The symptoms of this disease I shall cull from the various authors of both schools, as well as my own observations. The symptoms of the remedial agents used I shall select from the various works on materia medica and my own observations. I shall also state, in full, the remedies which I have used with success.

Catarrh in general appears in different forms, viz:

1st. Coryza simplex, or affecting the schneiderian membrane only.

2d. Gravedo or catarrhal cephalalgia.

3d. Cold in the head, involving both sinuses and mucous membrane, or both first and second form.

4th. Catarrhal sore throat.

5th. Catarrhal cough, with hoarseness; disease extending to the glottis and pharynx.

6th. Catarrhal bronchitis in which the bronchia are implicated.

7th. Catarrhal ophthalmia.

8th. Catarrh of the stomach.

The fifth and sixth forms of catarrh are those which I shall describe particularly, viz: catarrhal cough with hoarseness, and catarrhal bronchitis.

Diagnosis.—Characteristic symptoms.—Watery discharges from the nostrils, increased secretion from the lachrymal glands, headache, chilliness, slight evening fever; in severe cases, sore throat, hoarseness and cough.

These latter forms are noticed more particularly with a secretion of thin, colorless, glassy liquid from the bronchial membrane. This comes on in paroxysms, attended with dyspnœa and cough, which are relieved by expectoration of liquid, frothy on the surface, and underneath like the white of an egg diluted with water. This secretion sometimes attends bronchitis, and is sometimes present in the first stage of phthisis.

The attacks of bronchial catarrh sometimes appear at stated intervals, or in other words, the disease shows itself at intervals by coughing and expectoration, no definite time being given for the intermissions.

At times the expectoration may be of a tough, pearly mucous character. There may be slight febrile symptoms. The stethescope discovers a variety of sibilant and bubbling ronchia in the chest, resembling the chirping of birds. During the paroxysm the sound of respiration is impaired. The chest sounds well on percussion. During the intervals the same ronchia are present, but in a much slighter degree, and the respiratory sound resumes its distinct character.

The patient complains of a sense of roughness or soreness of the throat, loss of smell, sometimes dullness of hearing, pain along the eustachian tube to the ear, slight redness of the fauces and mouth, hoarseness, tickling cough. The voice becomes partially or entirely suppressed from an œdematous fullness about the glottis. There are pains resembling those of rheumatism in the neck, head and limbs; loss of appetite, slight thirst, bowels constipated, sensitive to cold, though the skin is warmer than natural. The patient is continually liable to contract fresh cold, thereby prolonging the disease, or aggravate it until it assumes a more serious form.

Bronchial catarrh may be complicated with bronchitis, tuberculosis, and asthmatical difficulties.

Dry catarrh simulates asthma in its symptoms to a great extent. The severity of the symptoms varying with the severity of the

attack. In a slight degree, it has no other symptom of deranged health than a slight shortness of breath felt on exertion, expectorating every morning a small portion of tough mucus, of a pearly gray color. There may be cough and dyspnœa, which coming on in paroxysms, assume the form of asthma, each fit terminating with an expectoration of pellets of the same dense mucus; at times there may be a tolerably copious secretion of mucus, this copiousness bearing no particular relation to the preceding fit, only caused by the secretion being at one time more abundant than another. At times there may be little or no cough, the shortness of breath might continue for years without other symptoms. An acute attack of bronchitis in such case would be accompanied by much dyspnœa, amounting to a fit of asthma. This form of catarrh attacks persons of gouty disposition, or those affected with cutaneous eruptions, or disordered by long excesses.

Physical signs.—The physical signs of this disease is a suspension of the sound of respiration in the part affected, while the corresponding part of the chest sounds well on percussion. This arises from a more or less complete obstruction of the calibre of one or more of the bronchia, either by filling up with the thick mucus before described, or from a tumefaction of the bronchial membrane, or both. In case the obstruction is not complete, a dull whistling or clucking sound accompanies the breathing, a cough or forcible inspiration might disclose the same sound, where in ordinary breathing the air does not enter.

Pathology.—In bronchial catarrh, of the form that is sometimes called "Petuitous catarrh," there is discovered little or no trace of inflammation in the bronchial membrane, sometimes a little thicker or softer than natural from the infiltration of serum, often perfectly pale, and any blushes or striæ of red that may appear aoe very slight, this appearance extending to the throat, posterior nares and schneiderian membrane.

In dry catarrh, on examination of the membrane, it is found tumefied and of a dull red or violet color, without softening or ulceration, having the appearance perhaps of venous congestion.

Prognosis.—This is generally a mild ailment, with a strong disposition to stay by the patient. It might prove serious in aged persons, or those predisposed to pulmonary disease, or to any who might have tubercles already developed; oftentimes difficult to cure on account of disposition to cold, or taking of more cold just as patient is almost well.

Treatment.—Acidum hydrocyanicum. Stinging high up in the nose; discharge of disorganized, greenish, brown looking fetid pieces of hardened mucus. Scraping sensation in the throat, followed by secretion of mucus in the bronchia. Tickling and scraping in the larynx and bronchial tubes, with expectoration of yellowish or whitish mucus.

Ammonium carbonicum. Discharge of bloody mucus from the nose; bleeding from the nose; frequent sneezing early in the morning; burning sensation in the throat; hoarseness and roughness in the throat increased by talking; rattling in the throat; nightly cough; cough with asthma; dry cough as from particles of dust in the throat.

Ammonium muriaticum. Copious but difficult expulsion of mucus only in one nostril; secretion of a quantity of thick, yellow matter; roughness of throat, which passes off after dinner; frequent hawking with expectoration of small clots of mucus, accompanied by a feeling of roughness behind the uvula; pressure in the chest with stitches; cough worse after eating and worse in a recumbent posture with expectoration of pearly white mucus.

Bromium. Sensation as if the air passages were full of smoke; a rough scraping feeling, with oppression of breathing. This remedy may be of more use when the disease simulates tuberculosis.

China. Cough excited by laughing, talking and drawing breath, and also when eating or drinking expectoration of a slimy or whitish mucus; suffocating cough; indistinct speech and low voice caused by mucus adhering to the larynx.

Cina. This remedy would be used more particularly in children; when cough is dry and the expectoration scanty; starts during sleep; want of breath; paleness of face; burning heat in nostrils; violent and painful sneezing.

Nitro-glycerine or glonoine. Acute irritation of the cerebral nerves, vertigo; slight bronchial irritation with frequent expectoration of thick mucus.

Phosphorus. Hoarseness with cough, fever, apprehension of death; entire extinction of the voice; painful sensibility of the larynx; dry cough produced by titillation in the throat, with shootings in the larynx; dry cough with expectoration of viscid or sanguinolent mucus.

Sanguinaria canadensis. Much sneezing; severe fluid coryza in the right nostril; watery acrid coryza, which renders the nose

sore; copious watering of the right eye; the eyes are painful; copious watery discharge from the right nostril; aphonia; tickling irritation to cough; rawness in the throat; pain in the breast; slight diarrhœa. This remedy is of more use in an acute attack than in the chronic form.

Aconitum. Burning feverish heat with full inflamatory pulse; hoarse rough voice; painful sensibility of the part affected, with aggravation of the pain when taking an inspiration; short and dry cough, with constant inducement to cough, arising from tickling in larynx or in bronchia; shootings in the chest when coughing or taking an inspiration; cough more hollow and violent at night; shorter and more panting during the day; thirst; sleeplessness; burning pain in the head; redness of face and eyes; slight expectoration of whitish mucus.

Phosphoric acid. Excessive hoarseness and loose cough, produced by titillation in the pit of the stomach; dry cough in evening or morning with expectoration of whitish or yellowish mucus; pressive pains in the chest.

Arsenicum. Loose cough; tenacious mucus in larynx and bronchia; dry fatiguing cough, worse in evening after lying down; violent dyspnœa; fits of suffocation, lassitude and weakness; discharge of corrosive mucus; rheumatic cephalalgia.

Belladonna. Spasmodic cough, which checks respiration and occurs at night, aggravated by motion; contusive pain in the nape of neck; expansive cephalalgia, as if the forehead was on the point of bursting when coughing; rheumatic pains in chest; rattling of mucus in chest; frequent sneezing towards the end of a fit of coughing.

Ignatia. Cough dry and rough with fluent coryza, headache and weak voice; cough as if there was a feather in the throat. This remedy is especially adapted to persons who have experienced much grief.

Kali hydriodicum. Hoarseness; pain in the chest; cough and slight oppression of breathing, with pain in both eyes; rough feeling in trachea, obliging one to hawk; short and dry cough, occasioned by roughness in the throat; dry and hacking cough, accompanied by a copious greenish expectoration; disagreeable dryness and irritation in the throat; waking every night with an oppression in the chest. This remedy is one of the main stays in the treatment of chronic catarrh.

Sulphur. Dry cough with retching, vomiting and spasmodic constriction in the chest, which occurs chiefly in the evening or at

night when the patient is lying down; loose cough with expectoration of much thick whitish or yellowish mucus, sometimes only during the day, with dry cough at night; obstinate dry cough, excited by tickling in the throat; lancinating pains in the chest and head; giddiness and cloudiness of sight when coughing; sensation of fullness in the chest, with oppression; rattling of mucus; palpitation of the heart.

Pulsatilla. Cough first dry, afterwards loose, with expectoration of much salt, bitter, yellowish or whitish matter, or else of sanguinolent mucus; hoarseness, with almost complete extinction of the voice; lancinating pains in the throat and palate; coryza, with oozing of yellowish, greenish, fetid matter; loose cough, with pain in the chest; cough aggravated when lying down, with sensation of suffocation at same time; soreness in the abdomen; painful shocks in the arms, shoulders or back.

Mercurius. Hoarse rough voice; burning and tickling in the larynx; disposition to perspire without relief; aggravation from least current of air; dry shaking and fatiguing cough in the evening, at night, or during sleep; excited by a tickling or sensation of dryness in the bronchia; shooting pains in the chest; splitting pains in the head or chest; expectoration of bloody mucus.

Nux vomica. Hoarse, dry and hollow cough; dryness in the throat; tension and pain in the larynx and bronchia; accumulations of tenacious mucus in the throat; dryness of mouth; constipation; pressive headache; convulsive cough, excited by tickling in the throat; cough, attended by vomiting or with bleeding from the nose and mouth.

Plumbum. Constriction of the throat; fetid breath; rough stuttering speech; short, dry, fatiguing cough; cough, with discharge of blood; frequent vomiting.

Senega. Constant accumulation of phlegm in the bronchial tubes, with irritation in the bowels, tendency to diarrhœa; the initiation may alternate from the chest to the bowels and vice versa.

Arum tryphillum. The proving of this remedy is imperfect, but, from the slight proving, we find burning and biting sensation in the mouth and throat; increased flow of saliva; dry, alternating, with loose cough, sometimes profuse expectoration.

Apocynum cannabium. Throat filled with thick, well concreted yellow mucus in the morning; unpleasant degree of heat in the throat; short, dry cough, with scanty expectoration of white mucus in the morning; oppression of the chest on waking; sense of

oppression about the epigastrium; difficult to speak at times from want of breath.

Hydrastis canadensis. Constant discharge of thick, white mucus from the nose; coryza, with profuse secretion of tears; tingling and smarting in the throat; hawking up of tenacious yellow or white mucus; rawness of the fauces; pain on swallowing as from excoriation; constant rough, hacking cough.

Phytolacca decandra. Drawing sensation above the root of the nose, with feeling as if a cold would come on. Flow of mucus from one nostril while the other is stopped; thick white and yellow mucus about the fauces; sensation as of a lump in the throat. This remedy is considered more useful in some acute disease of the throat, than ordinary catarrh affecting the bronchia.

Gelseminum. Watery discharge from the nose; sneezing with dull headache; tingling in the nose; bloody mucous discharge; dryness, irritation and soreness of the fauces; paroxysms of hoarseness, with dryness of the throat; weak voice; cough from tickling and dry roughness of the fauces; burning in the larynx and down in the chest when coughing. This is almost a perfect picture of an acute attack of bronchial catarrh.

Rumex crispus. Tenacious mucus in the throat or larynx; a constant desire to hawk; coughing and hawking worse at night; scraping in the throat; cough excited by tickling or irritation behind the sternum; cough attended with pain in the head; sudden change of voice at the same hour on consecutive days; change of voice at different times.

Cimicifuga racemosa. Horseness; unpleasant fullness in the pharynx; constant inclination to cough caused by a tickling sensation of the larynx in the evening; an attempt to speak is followed by an inclination to cough; dry cough caused by tickling; hoarseness in the evening; fluent coryza; lancinating pain along the cartilages of the false ribs on the left side, increased by taking a long inspiration; pain in the head followed by coryza, with sore throat, and gradual extension of the disease to the bronchia; fluent coryza of a whitish mucus during the day; aching pain in the head; pain in both eyeballs many times in the day; very profuse greenish and slightly sanguineous coryza; fullness of pharynx and constant inclination to swallow; pain in forehead and occiput; great sensitiveness to cold air.

Baptisia tinctoria. Thick mucus discharge from the nose; severe drawing pains along the nose; dull pain at the root of

the nose; roaring in the ears, with confusion of the mind; soreness of the throat; with scraping and burning; raw sensation in the pharynx, with large amount of viscid mucus; constant feeling in the throat; pinching sensation in the upper part of the pharynx; throat feels swollen and full; hoarseness to such an extent as to require the utmost effort to be understood; tickling in the throat; complete aphonia; tightness of the chest; feeling of want of power in the respiratory organs; sharp pains in the chest when taking a long breath; oppressed respiration.

Eupatorium purpureum. Flowing coryza; sneezing; hoarseness with roughness in the voice; hacking cough in the evening; cough with soreness and heat in the bronchia; difficult breathing; grating sensation in the chest at every deep inspiration.

Sticta pulmonaria. The proving of this remedial agent is imperfect, but clinical experience proves it to be one of our main stays in acute catarrh. It has dull sensation in the head with sharp darting pains through the vertex, side of face and lower jaw. Feeling of fullness at the root of the nose, and in the left hypochondriac region; dull oppressive pain in the cardiac region; slight oppression of the lungs; dull pain in the right hypochondrium; burning in the eyelids, with soreness of the balls on closing the lids or turning the eye; the proving is imperfect, but clinical experience quite considerable; I have used it with the best of success in acute bronchial catarrh.

Trillium pendulum. The proving is imperfect, but is recommended for chronic catarrah. I have never used it.

Asclepias tuberosa. First dry, then fluent coryza during the first few days with much sneezing; discharge of blood from the nostrils; pain in the larynx; breath smells like pepper; disposition to inspire hurriedly, followed by sensation of oppression; asthma after eating or smoking; pain in right lung; pinching pain in region of the heart.

Cactus grandiflorus. Obstinate stertorious cough, worse at night; catarrhal cough with much viscid expectoration; spasmodic cough with copious mucous expectoration like boiled starch, and very yellow; dry cough from tickling in the throat; dry cough from itching in the larynx; continuous rattling of mucus day and night; oppression of breathing on going up stairs; impossibility of lying horrizontally in bed; difficulty of breathing; continued oppression and uneasiness, as if the chest was constricted by an iron band; feeling of constriction in the chest which pre-

vents free speech; when forced to speak the voice is low and hoarse; constriction in upper part of the chest which hinders respiration, aggravated by motion; sensation of great constriction in the middle of the sternum, which compression produces oppression of the respiration. These are the symptoms of this remedy pointing to bronchial catarrh. I have used it in one instance when the cough and pain was accompanied by nervous palpitation of the heart. The patient being a lady twenty years of age. The case was pronounced hopeless by old school disciples, being, they said too far gone in consumption, caused by suppressed menses. With the continual use of this remedy, and occasional doses of sulphur and pulsatilla for three months, a perfect cure was effected. Discharged cured eight months ago, and remains in perfect health.

WASHINGTON COUNTY MEDICAL SOCIETY.

ARTICLE 105.—List of Officers, Delegates, Committees and Members.
106.—Report of the Washington County Homeopathic Medical Society; comprising:
A. Proceedings of the Annual Meeting, held Jan. 15, 1868.
B. Constitution and By-Laws of the Society.
C. Tariff Bill for Professional Services.
By A. W. HOLDEN, M. D., Secretary.

ARTICLE CV.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. B. F. Cornell, President.
James Cromwell, Vice-President.
A. W. Holden, Secretary and Treasurer.

Censors.

Dr. George W. Little, Dr. Geo. H. Beach, Dr. David H. Bullard.

Delegates to the State Medical Society.

Dr. G. W. Little, Dr. G. H. Beach, Dr. A. W. Holden.

Members.

Drs. D. H. Bullard, Glens Falls, Warren County.
James Cromwell, Caldwell, do
A W. Holden, Glens Falls, do
Geo. H. Beach, Sandy Hill, Washington County.
H. K. Bennett, Whitehall, do
B. F. Cornell, Fort Edward, do
L. W. Kennedy, Cambridge, do
George W. Little, Fort Edward, do
Chas. Lowery, Union Village, do
J. F. Miller, Cambridge, do
C. M. Mosher, Easton, do
James Rice, Fort Ann, do
John Sarle, North Granville, do
H. J. Ward, do do

The annual meeting of the Society is held on the second Wednesday of January.

ARTICLE CVI.

Proceedings of the Washington County Homœopathic Medical Society, comprising:
A. Proceedings of Annual Meeting, held January 15, 1868.
B. Constitution and By-Laws of the Society.
C. Tariff Bill for Professional Services.
By A. W. HOLDEN, M. D., of Glens Falls, Secretary.

A.

PROCEEDINGS OF THE ANNUAL MEETING.

Pursuant to adjournment, the Homœopathic Medical Society of Washington and Warren counties, convened for its annual session at the office of Drs. Cornell and Little, in the village of Fort Edward, Wednesday, January 15, 1868.

The meeting was called to order by the President, Dr. Bullard.

The following members were present: Drs. Beach, Bullard, Cornell, Little, Rice, Sarle, Ward and Holden.

The records of the last meeting were submitted by the Secretary, and approved.

The Treasurer's report was read, accepted and ordered on file.

Dr. James Cromwell, of Caldwell, Warren county, was proposed, and upon the recommendation of the Board of Censors, was duly elected to membership, and participated in the proceedings.

The following preamble and resolutions were unanimously adopted:

Whereas, In the proposed constitutional amendments presented by the Hon. S. J. Colahan, with a view to the advancement of medical science by elevating the standard of medical requirements, we recognize an instrumentality of great practical importance; therefore,

Resolved, That we hereby respectfully request the members of the Constitutional Convention to support said measure, and favor its adoption in the form of an amendment to the Constitution of the State.

Whereas, There is an act now pending in the Legislature of the State of New York, to authorize the erection of an Asylum for the Insane, to be placed under the supervision of the homœopathic school of practice; therefore,

Resolved, That we cordially approve the proposal, authorizing the creation of the Susquehanna Asylum for the Insane, and earnestly urge and recommend the members of the Senate and Assembly representing these counties, to extend to this measure all the assistance in their power.

Through the kindness of Dr. Cornell, the "Transactions of the Homœopathic State Medical Society," for the previous year, were distributed to the members present.

Drs. Little, Cromwell and Beach, having been appointed a committee to report a tariff of charges for the government of the members of this Society, they, on consultation, submitted the following report, which was unanimously adopted and the committee discharged:

Whereas, The allopathic practioners of Saratoga, Washington and Warren counties have in convention adopted a "price list," or uniform table of charges; and whereas, we believe our professional services to be equally valuable to the community, therefore,

Resolved, That we adopt as a fee-bill and rate of charges the same tariff of rates already adopted by the "Union Medical Society of Saratoga, Warren and Washington Counties."

On motion, the Society proceeded to ballot for officers for the ensuing year. See page 624.

On motion of Dr. Little, a committee of three, consisting of Drs. Cornell, Sarle and Ward, was appointed to draft resolutions as a token of respect commemorative of the late Dr. Wolcott, of Whitehall, and that the same be entered upon the minutes of this Society.

A very entertaining and instructive discussion was then entered upon by Drs. Ward, Sarle, Cornell and others, in relation to the causes, pathology and specific treatment of the cerebro-spinal meningitis recently prevailing in the eastern part of Washington county.

On motion, *Resolved*, That the next annual meeting of this Society be held at the office of Drs. Cornell and Little, in the village of Fort Edward, the second Wednesday in January, 1869.

Meeting then adjourned.

B.

CONSTITUTION AND BY-LAWS OF THE WASHINGTON COUNTY MEDICAL SOCIETY.

CONSTITUTION.

Article 1.

This association shall be known as the Homœopathic Medical Society of the Counties of Washington and Warren, and its object shall be the advancement of the science of medicine.

Article 2.

The laws of the State of New York regulating the practice of medicine and surgery, and providing for the organization of medical societies, shall be deemed a part of this constitution.

Article 3.

The officers of this Society shall be a President, a Vice-President, a Secretary, who also shall act as Treasurer, and three Censors; all of whom shall be elected at an annual meeting, the votes of a majority of the members present being necessary to a choice.

Article 4.

The duties of the officers of this Society shall be such as are prescribed by the laws of the State of New York, and in addition thereto such as may be from time to time designated in the by-laws.

Article 5.

Any regularly licensed physician who has complied with the requisitions of the laws of the State of New York, and who shall avow his belief in the homœopathic maxim, "*similia similibus curantur*," may be elected a member of the Society by the votes of a majority of the members present at any regular meeting; but no person, except honorary members, shall be entitled to the privileges of membership until he shall have signed the constitution and paid an admission of one dollar.

BY-LAWS.

SECTION 1. It shall be the duty of the president to preside at all meetings of the Society, and call them to order at the appointed time; announce the order of business, and declare the result of all votes; decide questions of order—subject, however, to the usual appeal, which appeal shall not be debatable; appoint all committees; sign warrants or drafts upon the treasurer for such sums as shall be ordered at any annual meeting; receive from censors their opinion in writing in respect to the qualifications of the students examined by them; direct the secretary to call extra meetings, upon the written request of three members, explaining the reason for such action.

SEC. 2. In the absence of the president, it shall be the duty of the vice-president to perform the duties of the president, and such other duties as may be required of him by the Society.

SEC. 3. It shall be the duty of the secretary and treasurer to provide a book for records; to record therein the resolutions and proceedings of the Society; to engross the names of members with the dates of their admission; deliver the books and papers of the Society to his successor in office; give previous notice of at least ten days, by letter or otherwise, to each member, of all meetings of the Society; sign all acts and proceedings; preserve all old minutes and papers of the Society; present communications to the Society and conduct its correspondence; receive and be accountable for all moneys belonging to the Society; pay out all sums ordered by the president; report to the State Society by the first of May in each year a full statement of its proceedings and membership for the current year, that it may be published in the State Transactions.

SEC. 4. The censors are to examine, carefully and impartially, each student presenting himself as a candidate for license to practice medicine and surgery, and report their opinion in writing to the president.

SEC. 5. These by-laws may be altered or amended at any annual meeting of the Society by a majority of the members present.

C.

TARIFF BILL FOR PROFESSIONAL SERVICES.

The following tariff of prices for professional services was adopted by this Society, at its annual meeting, held at the office of Drs. Cornell and Little, January 15, 1868:

Office prescriptions, inclusive of medicine	$ 25	to	$ 50
Professional visit and prescription within a mile	1 00		
Each additional mile	50		
Extra charge for a visit at night	1 00		
Counsel fee	2 00	to	5 00
Obstetric fee (travel fees extra as above)	5 00		
Obstetric fee, Instrumental,	Discretionary.		
First introduction of catheter	2 00		
Each subsequent repetition of the same	1 00		
Reduction of hernia by taxis	3 00		
Operation for strangulated hernia	25 00		
Operation for paracentesis abdominis	5 00		
Single vaccination	50		
Reduction of dislocation, thigh bone	10 00	to	25 00

Reductions of all other dislocations except compound, which are to be discretionary	$3 00	to	$10 00
Trephining	15 00		
Post mortem examination when made by request	5 00		
Reduction of fractures of thigh, leg and arm	5 00	to	10 00
Reduction of all other fractures	3 00	to	5 00
Reduction of compound fractures	Discretionary		
Post mortem examination for legal purposes	25 00		
Excision of tonsils	5 00		
Extirpation of nasal polypus	5 00		
Operation for strabismus	10 00		

All the operations in surgery, discretionary.

Subsequent attendance and treatment in all cases of surgery shall be charged extra.

WAYNE COUNTY MEDICAL SOCIETY.

ARTICLE 107.—List of Officers, Delegates, Committees and Members.
108.—Tariff of Prices adopted by the Wayne County Homœopathic Medical Society.

ARTICLE CVII.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. M. F. Sweeting, President.
A. G. Austin, Vice-President.
Cyrus Allen, Secretary and Treasurer.

Censors.

Dr. L. Goedecke, Dr. Stephen Sherman, Dr. D. Chase.

Delegates to the State Medical Society.

Dr. W. F. Sherman, Dr. Cyrus Allen.

Alternates.

Dr. L. Goedecke, Dr. W. B. Brown.

Delegate to the Monroe County Society.

Dr. W. B. Brown.

Delegate to the Onondaga County Society.

Dr. M. F. Sweeting.

Delegate to the Ontario County Society.

Dr. Cyrus Allen.

Committees.

Drs. Sherman and Parsons..... Theory and Practice.
Austin and Sweeting..... Obstetrics.
W. F. Sherman..... Surgery.
M. F. Sweeting..... Materia Medica.

Honorary Members.

Drs. A. P. Throop..... New York city.
C. W. Boyce..... Auburn, Cayuga county.

J. W. Sheldon	Syracuse, Onondaga county.
Carroll Dunham	New York city.
Adolph Lippe	Philadelphia, Pa.
E. R. Heath	Wyandotte, Kansas.

Members.

Drs. G. C. Childs	Clyde	Wayne county.
Stephen D. Sherman	Lyons	do
W. F. Sherman	do	do
L. Goedecke	do	do
M. F. Sweeting	South Butler	do
A. G. Austin	Williamson	do
O. C. Parsons	Newark	do
A. W. Hendrick	West Walworth	do
Durfee Chase	Palmyra	do
W. B. Brown	do	do
Cyrus Allen	do	do

The annual meeting is held on the first Tuesday of June; the semi-annual meeting on the first Tuesday of December.

ARTICLE CVIII.

Tariff of Prices adopted by the Wayne County Homœopathic Medical Society, December 10, 1867.

Resolved, That the following tariff of prices for the services stated be adopted by the members of this Society:

Medical services and medicines.

For office consultation, including medicine	$0 50 to $5 00
For auscultation and percussion of the chest	2 00
For visits in the village (each)	1 00
For visits out of the village and not over one mile,	2 00
For every additional mile	25
When more than one person in the same family requires treatment, an additional fee of half price will be added.	
Detention per hour, after the first half hour	1 00
For visits in consultation	3 00

Obstetrics.

For attendance during natural labor	8 00

For attendance, removing placenta	$5 50
For delivery by instrument of any kind, or by turning	20 00
For introducing catheter (female)	1 00
For introducing catheter (male)	2 00
For vaccination	1 00
For visits or other services required between ten o'clock P. M., and six o'clock A. M.	Double rates.
For the treatment of venereal diseases	Double rates.
In the treatment of venereal cases, a retaining fee of five dollars will be required in every case.	
For visits in epidemic diseases, where personal danger to the physician is apprehended or incurred	Double rates.

WESTCHESTER COUNTY MEDICAL SOCIETY.

ARTICLE 109. List of Officers, Delegates, Committees and Members.
110. Report of the Westchester County Homœopathic Medical Society. By T. C. FANNING, M.D., Secretary.
111. Clinical Report. Case of General Paresis. By T. C. FANNING, M. D.
112. Observations upon Cocculus Indicus. By CARROLL DUNHAM, M. D.
113. The Re-discovery of the Screw. By CARROLL DUNHAM, M. D.

ARTICLE CIX.

List of Officers, Delegates, Committees and Members.

Officers.

Drs. L. W. Flagg, President.
H. C. Jones, Vice-President.
T. C. Fanning, Secretary and Treasurer.

Censors.

Dr. Henry Beakley, Dr. H. Kingsley,
Dr. E. V. Brown.

Delegates to the State Medical Society.

Dr. H. C. Jones, Dr. I. N. Swasey.
Dr. T. C. Fanning.

Members.

Drs. H. M. Smith	Hastings	Westchester County.
H. C. Jones	Mt. Vernon	do
B. J. Burnett	do	do
L. W. Flagg	Yonkers	do
H. Kingsley	do	do
I. N. Swasey	do	do
Carroll Dunham	Irvington	do
E. V. Brown	Tarrytown	do
T. C. Fanning	do	do
H. Beakley	Peekskill	do
J. G. Burchard	do	do
A. L. Comstock	Mt. Kisko	do
W. A. Ely	White Plains	do
G. B. Brown	Port Chester	do
S. M. Griffin	Patterson	do

The annual meeting is held on the last Wednesday in January; the semi-annual meeting at such time and place as may be determined upon at the annual meeting.

ARTICLE CX.

Report of Westchester County Homœopathic Medical Society, comprising:
A. Proceedings of the Annual Meeting, held January 29, 1868.
B. Proceedings of Semi-Annual Meeting, held June 24, 1868.

A.

PROCEEDINGS OF THE ANNUAL MEETING, HELD JANUARY 29, 1868.

The annual meeting of the Society was held in Yonkers, Jan. 29, at the house of Dr. L. W. Flagg.

There were present Drs. Flagg, Beakley, Kinsley, Swazey, Jones, Burchard, Ely, Brown, Fanning and McCollum.

The minutes of the last meeting were read and approved.

A list of officers elected is published on page 629.

The annual report of the Treasurer was presented and accepted.

Dr. Burchard was appointed a delegate to attend the next meeting of the American Institute of Homœopathy, Dr. Flagg alternate.

The annual meeting for 1869 was appointed to be held in Yonkers, at the residence of Dr. Flagg.

The semi-annual meeting was appointed to be held at the residence of Dr. Beakley, in Peekskill.

B

SEMI-ANNUAL MEETING, HELD JUNE 24, 1868.

The semi-annual meeting of the Society was held at the residence of Dr. Beakley, in Peekskill, June 24, 1868.

There were present Drs. Flagg, Jones, Burchard, Ely, Comstock, Brown, Griffin and Fanning; also present, Professors Barlow and Beakley, of the city of New York.

On motion, Drs. J. Beakley and S. B. Barlow were invited to participate in the deliberations of the meeting.

Dr. Burchard, delegate to the American Institute of Homœopathy, furnished a report giving an interesting account of the recent meeting of the Institute. The report was accepted.

Dr. Dunham presented and read a paper entitled "The Re-discovery of the Screw."

By vote of the Society Dr. Dunham was requested to amend his

paper, as desired by himself, and furnish the Secretary with a copy for preservation in the archives of the Society.

Dr. Fanning read a report of a case of general paresis.

Dr. Burchard, reported a similar case.

Dr. G. C. Brown reported the following case:

J. G——, aged 20; Irish; complexion fair; temperament lymphatic. Diffident aud awkward; always answers questions as if frightened, words coming with a jerk. Had been troubled almost daily with epistaxis as long as he could remember. Pupils dilated; vertigo when stooping; roaring and humming in the ears, with partial deafness; weak, faint feeling; dreams frequently. One dose of belladonna[200] was given, after which he had no return of the disease for several weeks; another dose then given has prevented a recurrence of the symptoms to the present time, four months from the time the first dose was administered.

Dr. Flagg reported a case of rupture of the uterus:

Mrs. D——, aged 35; fair proportions and in good health, came to her fifth confinement in May last. For five hours the labor was regular and vigorous, then ceased altogether, followed by vomiting, prostration, and in two hours death.

Called to attend the case in the last moments of life. Rupture of the uterus was readily detected. The body of the fœtus, expelled from the uterus, could be felt by itself on the right side of the abdomen; the uterus on the left quite firmly contracted. Examination per vaginum revealed the head in the superior strait and the os fully dilated. Stimulants failed to rally the patient, so far even as to admit of delivery by forceps, and the Cæsarean section was out of the question.

The post mortem examination confirmed the previous diagnosis. The rupture about four inches in length, being found on the right side and near the neck of the uterus.

If at the moment of the accident, competent assistance had been at hand, a fair chance of life, it seems to me, remained to both mother and child. A quick delivery by forceps, allowing the uterus to contract upon itself, and terminate the hemorrhage, the immediate cause of death. The after effects of the rupture under appropriate homœopathic treatment, would have been of secondary importance.

The meeting adjourned.

ARTICLE CXI.

Case of General Paresis. By T. C. Fanning, M. D., of Tarrytown.

J. A. Cleveland, aged 56 years; temperament nervo-sanguine; temperate; drawing master.

Dates his ill health from an attack of measles about sixteen years previous to his death, from which he only imperfectly recovered, with a more or less constant cough.

About ten years after the measles, in consequence of very great exposure to wet and cold, he suffered from a severe attack of pleurisy, affecting both sides, from which he barely escaped with his life, and continually thereafter suffered from chronic bronchitis, which never seemed to be affected in the slightest degree by medicine, at least after he came under my care, which was about three years later. The cough was extremely violent, rather paroxysmal, sometimes dry, sometimes with copious greenish yellow, rarely bloody, sputa. He began the year 1860, with a large carbuncle on the back of the neck, which prostrated him so that he was never after able fully to resume the instruction of his classes, which he had continued until that time. The winter of 1865–6, he spent in Cuba, returning in about the same condition as when he left home. The thorax was always very sensitive to pressure, with frequently recurring attacks of acute pain in breathing and coughing, until about a year before his death, after that time the attacks of acute pain were perceptibly less frequent, the cause of which was evident from the post-mortem appearances.

The feebleness of gait, obliging him to use a cane, and the trembling of his hands, to which he often called my attention, were evident for more than two years before his death, and were attributed to the weakness caused by cough and expectoration. To the same cause were attributed the frequent nocturnal seminal emissions (during sleep), with little or no sexual excitement, of which he made frequent complaint, until about a year before death, when they became much less frequent.

In October, 1867, he fell backward from a wagon striking on his head and shoulders, but with the exception of a few scratches and a general bruised feeling, he did not seem to have suffered from the fall. During the first three weeks of November, he was troubled with a slight looseness of the bowels (one or two loose evacuations daily) which he feared was taking away the little strength he had; yet he continued his customary, short daily

walk and general interest in affairs until November 28th, when he was confined to his bed, complaining only of general prostration and excessive trembling of the hands. For about a week he lay with no appetite and paying but little attention to anything; his pulse (usually frequent and weak) not perceptibly different from the ordinary rates; tongue heavily coated, brownish and dry; eyes dull and the left lid drooping. Then he seemed to revive, his appetite soon became better than for many months, his eyes brightened but the droop of the lid continued, and a slight thickness became apparent in his speech. The cough was never afterward so violent as before. There was as yet no aberation of mind noticed, the only unusual manifestation being a disposition to make ludicrous wry faces. Thus he continued, unable to feed or help himself, until March 6th, 1868, when he received his usual breakfast in bed, then got up, washed himself and walked without assistance down two flights of stairs, ate another breakfast at the table, which he found standing, and would have left the house but for restraint. For a short time previous to this he had pulled off the bed, at night, everything but the mattress, which he could not get off. He was now evidently insane, recognizing readily anybody whom he knew, but talking disconnectedly and muttering a good deal. He was not disposed to be violent except when restrained from going out, or prevented from taking in pieces a watch which he had in a little case like a clock. The desire to gain possession of this watch continued until a few days before his death, and he would become very much exasperated when it was refused him.

March 10, 11, 12, his strength seemed to be failing him again, though he was still quite restless.

March 12.—At 9 P. M., his wife was wakened by hearing him snore, and going to him, found his attendant asleep, while he was lying motionless, excepting a rapid spasmodic winking. He did not seem to see or hear anything; his respiration was snoring, and soon became very irregular; pulse as usual, except a slight fluttering when there was an unusually long interval without breathing.

March 13.—1 A. M., the respiration began to be more regular with less snoring, and in the morning he was much as before, except weaker. For two or three days previous to this attack, his face and head were quite red, and he pulled in pieces the cloths which he had to receive the sputa. His appetite now failed him,

and he manifested the exalted ideas of his possessions peculiar to this disease, desiring his wife to procure expensive presents for various persons, and planning the gorgeous decoration of a house which he proposed to buy, though for some time he had been dependent on his son for the necessaries of life. Two attacks, similar in kind, but less severe in degree, at intervals of about two weeks, followed that of March 12, and the last few days in April he became very quiet, scarcely noticing anybody and eating almost nothing; still his pulse varied very little in strength and rate from the condition it had maintained for months previous. Feet swollen.

April 30.—Was moved about a quarter of a mile on a bed, without apparent discomfort or inconvenience.

May 3.—Had a natural evacuation of the bowels while held on a stool chair. Sarcely able to articulate. For a week or two he had complained very much of pain and tenderness to pressure at the extreme lower part of the spine.

May 4.—Corners of mouth drawn down. Groaned very loudly all day. Swallowed, with difficulty, a little wine and milk put in the back part of his mouth. Entirely unconscious and motionless. Hands swollen, but swelling gone from the feet.

May 5, 6, 7.—The same, excepting the groaning. Tongue very dry and stiff; pulse as usual; respiration regular; very slight rattling cough.

May 6, P. M., and subsequently, enurisis.

May 8, A. M., died without a groan or struggle.

There was at no time a deviation from the straight line perceptible in the protrusion of the tongue.

Post mortem forty hours after death. Extreme emaciation. No evident effusion in the cavity of the arachnoid or in the ventricles; considerable opacity of arachnoid; general softening of both cortical and medullary substance; spinal cord not examined.

Thorax. Cavity of pleura *completely obliterated*, lungs small, crepitant throughout; no tuburcular appearance.

The examination, unfortunately, was obliged to be held in the evening, in some haste; consequently the appearances could not be observed as minutely as was desirable.

In connection with this case, Dr. Fanning called the attention of the Society to the paper by Dr. J. P. Gray, on General Paresis, published in the Transactions of the Allopathic State Medical Society for 1866.

ARTICLE CXII.

Observations upon Cocculus Indicus. By CARROLL DUNHAM, M. D., New York.

Synonym.—Menispermum cocculus, cocculus indicus, cocculus suberosus, anamirta cocculus; the seeds or berries are the part used in medicine.

This substance was employed by the ancients as a poison for fish, stupefying them and rendering it easy to catch them. It is stated that the half ripe, bruised berries, being formed into little pellets and thrown into the water, are eagerly devoured by the fish, which, thereupon, are soon seized with dizziness and, after whirling around, remain motionless and float on the surface of the water. It is also stated that if the fish have eaten any considerable quantity of the cocculus before succumbing to its influence, their flesh becomes poisonous.

The active poisonous principle of cocculus is stated to be picrotoxin. Recent toxicological experiments have been made with this substance. It is probable, however, that this does not comprise the entire active principle of the cocculus any more than strychnia does that of nux vomica, or quinia of cinchona.

In consequence of its use as a means of stupefying fish, and also as the basis of an infusion for the destruction of pediculi and other vermin, cases of poisoning with it have been recorded from time to time. It has been, and still is, extensively used in Great Britain for the purpose of adulterating malt liquors, it being supposed to greatly increase their intoxicating properties, and also to prevent the secondary fermentation.

Cocculus was first introduced into the materia medica and used as a remedy in the treatment of diseases by Hahnemann. He published, in 1805, in the "Fragmenta de viribus Medicamentorum positivis," the germ of the materia medica pura, 156 symptoms of cocculus, together with a few observations from other authors.

He had already, in an essay on a new principle for ascertaining the curative powers of drugs, published in "Hufeland's Journal of Practical Medicine," in 1796, stated, on the authority of Amatus Lusitanus, some symptoms produced by cocculus on the healthy subject, and had used this language: "Our successors will find in cocculus a very powerful medicine when the morbid phenomena it produces shall be more acurately known."

In Hufeland's Journal in 1798, Hahnemann published a case of poisoning occurring in a healthy man from a single grain of the

cocculus seed. To this we shall recur at a later period, stating here that Hahnemann relieved the man with camphor.

In volume I. of the "Materia Medica Pura," Hahnemann published a proving of cocculus in 1811. Some additional symptoms were contributed by Hartlaub and Trinks in their materia medica pura, and Hahnemann incorporated these, with three exceptions, into his own proving, in the second edition of volume I. of his "Materia Medica Pura," published in 1830. This last publication we shall make the basis of our study.

In the introduction Hahnemann says, that "cocculus will be found curative, where the symptoms correspond, in certain forms of sneaking, insidious, nervous fevers, in so called abdominal cramps, and so called spasmodic pains of other parts of the body, etc.; in not a few cases of paralysis of the extremities, and in mental affections." From the publication of this proving to the present day, the records of the Homœopathic Clinique have furnished, from time to time, cases in abundance, corroborating these statements; and yet, in 1848, Tschudi announces the discovery that "cocculus acts chiefly on those parts of the nervous system which control muscular action,"* and has the impudence to claim, as original, the suggestion to use picrotoxin in paralysis of the extremities and of the sphincters; and Reil, acting on this suggestion, employed a tincture of the seeds of cocculus with success, in chorea, in hemiplegia from cold, and in paralysis of the bladder from the same cause."†

Turning now to Hahnemann's proving of cocculus in volume I. of the second edition of the "Materia Medica Pura," we proceed to make, in conformity with a schema for the study of the materia medica, published in the "American Homœopathic Review," volume III., the following:

Special Analysis.

I. *Head;* a. *Sensorium;* 1. *Vertigo.* Cocculus produces a well marked vertigo, described as "like drunkenness." It occurs when sitting up in bed, is a whirling vertigo, is always accompanied by nausea, which, together with the vertigo, compels a resumption of the recumbent position; is accompanied by a peculiar dullness in the forehead as if there were a board in front of the head. In the condition of circumstance, this vertigo resembles that of

* "Canstatt's Jahresbericht," page 138.

† "Materia Medica der reinen Pflanzenstoffe," page 220.

bryonia. It occurs when sitting up in bed, and compels a recumbent posture.

2. *Intelligence.*—Dullness; distraction; difficulty in understanding what is heard or read, and in appreciating the lapse of time; the prover sits as if sunk in thought, not regarding what occurs about him.

3. *Memory.*—Weakened.

As a general thing, the symptoms of the sensorium are aggravated by any mental effort of whatever kind.

b. *Headache.*—1. *Location.*—Chiefly in the forehead and temples, somewhat in the vertex; pains pass from over the right eye into the head, also pressing pains extend downward in the whole head; from the temples inward.

2. *Sensation.*—The chief and controlling sensations are dullness, pressure, compression, constriction; a headache is also described as compounded of the above sensations, together with digging and boring. There are also stiches in the temples and in the right frontal region. Hahnemann gives a special prominence to the following symptom, "Headache, as if the eyes would be torn out."

3. *Conditions.*—These sensations, both the dullness, and the pains, and particularly the pressing pain in the head and forehead, occur in the forenoon; are very much aggravated by reading and thinking and particularly by eating and drinking, also by walking.

The muscles of parts of the head are affected in a manner which we shall see to be characteristic of cocculus. There is a cramp-like pain in the left temporal muscle; pain as if the eyes were forcibly closed; convulsive trembling of the head.

II. *Eyes.*—a. *Orbit.*

b. *Lids.*—Pressing pain, with inability to open the eyes at night; dryness.

c. *Globe.*—Stitches from within outward; feeling as if the eyes were torn out.

d. *Special Sense.*—The pupils are contracted, muscæ volitantes; a black figure seems to float before the eye, moving as the eye moves, yet without impairing vision. Hahnemann emphasizes the symptom, "Obscured vision."

In the symptoms of the head we perceive no evidence of organic change. The symptoms are such as accompany gastric dis-

turbances and the dyscratic conditions on which continued fever is supposed to depend. No organic changes seem to be produced in the eye, but the symptoms of the special sense point to commencing amaurosis, a paralytic condition of the optic nerve similar perhaps to that produced by cocculus in the muscular nerves.

III. *Ears.*—Attacks of deafness and of noise in the ears like the rushing of water, attended by deafness. These symptoms have the same significance as those of the head.

IV. *Nose.*—Increased sensibility to odors.

V. *Face.*—1. *Location.*—The pains are confined to the region of the malar bone and the masseter muscles, where they are pressing, benumbing and cramp-like, increased by opening the jaw. Redness of the cheeks and heat in the face without thirst; swelling of the submaxillary glands. The features are sometimes distorted.

VI. *Teeth.*—The teeth are long and loose.

VII. *Mouth.*—Dryness without thirst. The saliva is frothy.

VIII. *Taste.*—Coppery, metallic, sour after eating and coughing; bitter taste on the base of the tongue.

IX. *Tongue.*—Yellow coat upon the tongue. The tongue seems paralyzed so that speech is difficult; pain at the base of the tongue when stretching the tongue out.

X. *Throat:*—a. *Externally.*—Stiffness of the cervical muscles; paralytic drawing of the side of the throat; the muscles seem weak and the head heavy; must support the head; is most relieved by leaning it back.

b. *Internally.*—Dryness and roughness, especially when swallowing; dryness high in the fauces; burning in the palate; sensation of swelling at the root of the tongue; a feeling of constriction in the fauces which impedes respiration; a kind of paralysis preventing swallowing.

The above symptoms point to no organic changes, but indicate rather a kind of paralysis of isolated groups of muscles, *e. g.*, the sterno-cleido-mastoid, the constrictors of the pharynx and the lingual.

XI. *Stomach.*—In the epigastrium, over the stomach and extending to the hypocondria and into the chest, a pressing, pinching, constricting, cramp-like pain which takes away the breath; occurs and is worse after eating and drinking, also when walking; is worse from cold; is accompanied by nausea.

a. *Appetite.*—Loss of appetite; disgust for food, the very smell of which is offensive,* at the same time a sensation of hunger at the epigastrium; aversion to acids; bread tastes sour.

b. *Thirst.*—Aversion to drinking, and yet great thirst.

c. *Nausea.*—Great nausea is a characteristic symptom of cocculus. It is provoked by eating, drinking, by motion, by becoming cold, especially by driving in a wagon, by sudden change of posture. It occurs in connection with the headache and the pains in the intestines.

d. *Eructations.*—Bitter, putrid eructations causing sore pains in the epigastrium and chest; incomplete eructation, hiccough and spasmodic yawning. The attacks of nausea sometimes produce fainting.

XII. *Abdomen.*—Pressure, sticking and cutting pains in various parts of the abdomen, chiefly around the umbilicus; feeling of emptiness in the abdomen.

a. *Flatus.*—Rumbling in the abdomen; great distension; incarceration of flatus; severe flatulent colic at night.

b. *Hypogastrium.*—Constricting pain, with pressure towards the genitals and qualmishness in the epigastrium; disposition to inguinal hernia, with pain and soreness; rupture pain worse on the right side; fullness in the groin, with a sensation as if all would give way there. These are singular and characteristic symptoms.

XIII. *Stool.*—Constipation.—Stool followed by violent tenesmus in the rectum producing faintness, also diarrhœa. Small, frequent stools, each accompanied by flatus.

XIV. *Rectum.*—Disposition to stool, but the peristaltic motion in the upper intestines is wanting.

XV. *Anus.*

XVI. *Urinary Organs.*—Frequent discharge of watery urine.

XVII. *Genital Organs.*—Sore and sticking pains in the testes; itching of the scrotum; alternate excitement and depression, the former being, probably, the primary action; menses suppressed; menstruation difficult, attended with violent spasmodic pain in the abdomen and loins, increased by motion, cold and contact.

XVIII. *Respiratory Organs.*—Dyspnœa, as if from constriction of the larynx; sneezing, coryza, disposition to cough from an irri-

* Compare colchicum and pulsatilla.

tation high up in the layrnx, or from constriction of the chest; the cough is increased by indulging the disposition to cough, as is the case with the cough of ignatia; fine stitches in various parts of the chest; feeling of emptiness in the chest, palpitation and anxiety.

In the above symptoms no local, organic affection is evident. They may all be ascribed to an affection of the spinal marrow or nerves, whether functional or organic.

XIX. *Back.*—Spasmodic constriction through the whole length of the spine, especially on motion.

a. *Sacrum.*—Paralytic pain extending over the hips, interfering with walking, along with an anxious apprehensive disposition.

b. *Loins.*—Paralytic pressure, tearing, drawing as if broken, as if stiff. All these pains are increased by motion and by cold.

XX. *Upper Extremities.*—Paralysis of the hand when writing; pains in the bones as if bruised; in the arms, felt on lifting the arms. The arms go to sleep; hot swelling of the hands.

XXI. *Lower Extremities.*—Paralytic immobility, extending from the sacrum; sore pain of the thigh; inflammation and swelling of the knee (?); burning in the feet.

XXII. *Sleep.*—Coma, coma vigil; absence of sleep from anxiety and bodily restlessness; anxious dreams.

XXIII. *Fever.*—No definite typical fever; constant chilliness while yet the skin is hot. In the evening chills run down the back; exhausting sweat during motion.

XXIV. *Disposition.*—Mild, indolent, despondent in the face of difficulties; excessive anxiety, fearfulness, intolerance of noise or any disturbing influence.

General Analysis.

I. *Vital Power.*—Cocculus exercises, what may be called a pure depressing action upon the vital power. This action is called pure because it is not, so far as we know, dependent upon any change in the organic substance. Thus the sensorium is benumbed, as the marked vertigo and confusion show; of the special senses, that of vision is so distinctly impaired as to remind one of incipient amaurosis; but the most marked action of this character is exhibited in the voluntary muscular system, paralysis, more or less complete, being produced in the eyelids and in the muscles of the face, the tongue, the pharynx, and of the extremities, particularly of the lower extremities. Of this nature, perhaps, are the symptoms of the inguina, resembling hernia.

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II. *Organic Substance.*—While the action on the vital power is, as has been seen, very marked and definite, that upon the organic substance is scarcely perceptible. The circulation is but little effected; the evacuation scarcely altered, though as might be expected from the depression produced in the general vital power, the secretion from the surface of the intestine is diminished. Eruptions are mentioned in the proving, but in so indefinite and isolated a way that we can hardly attach to them any physiological significance.

III. *Sphere of Action.*—Preëminently the system of animal life. The vegetative system is hardly affected at all; the voluntary muscular system first, and then the sensorium are the primary seat of action. In addition to the above, and not evidently connected with it, must be mentioned the action of cocculus upon the stomach and digestion. Nausea extending to the point of vomiting, and accompanied by faintness, and by severe vertigo when lifting the head, is a characteristic symptom. The nausea is felt from the epigastrium to the throat; it is accompanied by a sensation of constriction around the waist, is aggravated by eating and drinking, by motion, by mental exertion, and in the open air; the taste is bitter and metallic; the appetite is completely wanting.

IV. *Sensations.*—A general sensation of lassitude, which makes the least exertion, even standing, very irksome. Syncope often follows any bodily exertion; in the extremities drawing and digging pains in the bones, but more frequently a weakness as if paralyzed; sometimes this sensation is accompanied by twitching of isolated groups of muscles.

V. *Periodicity.*—Not at all marked in cocculus.

VI. *Peculiarities.*—The symptoms of cocculus in general, and particularly those of the head, are aggravated by eating, drinking and bodily or mental exertion, by tobacco smoke and by cold air. They are accompanied by a great intolerance of fresh air; in fact, all the functions of animal life seem to be more or less torpid and intolerant of any stimulus. There is a constant disposition to sleep, and yet the sleep is restless, interrupted by frequent wakings and startings, so that in the morning one is still sleepy. As regards the disposition, the prover seems sunk in deep thought of an unpleasant and rather sad character. Nevertheless, he is easily roused to anger.

In many respects, cocculus reminds one of pulsatilla which also

depresses the vital power, but the symptoms of pulsatilla are ameliorated by cold and by motion, and the dispositiou of pulsatilla is gentle and yielding. In its action upon the digestive organs cocculus resembles nux vomica; the characteristics, particularly the conditions of aggravation, distinguish them. Moreover, nux vomica affects the vegetative system quite as much as the animal. Cocculus resembles ignatia somewhat, in the almost simultaneous appearance of seemingly incongruous symptoms. It is probable that we shall find a closer analogue to cocculus in tobacco than in any other remedy.

Applications.—Hahnemann recommends cocculus in certain kinds of insidious, nervous fevers. In this Hartmann agrees with him and says, particularly in cases which have been produced by frequent fits of anger, or are accompanied by great disposition to anger.

Hahnemann recommends it also in several kinds of spasm, as for example, in menstrual colic, resulting from sudden suppression or hindered coming on of the menses; in spasmodic flatulent colic. Its chief application, perhaps, is in the treatment of paralysis of the extremities, particularly in hemiplegia.

Cocculus has proved a very valuable remedy in sea sickness, and has cured many persons of a tendency to nausea and faintness from riding in a wagon. Dr. Curie found cocculus a valuable remedy, along with nux vomica and antimonium crudum, in the various forms of dyspepsia from over-eating and drinking, which are universal among a certain class of the English people.

The following remarks by Dr. Wurmb* give a clear picture of that kind of slow, nervous fever to which cocculus is adapted.

After dividing typhus into several groups, in all of which the systems of vegetable and animal life are affected to an equal extent, he says that other cases occur which may be divided into two groups. In the one the system of vegetable life is profoundly involved, while the animal life is scarcely at all affected. For this group veratrum is the chief remedy. In the other the animal life is pre-eminently involved: vegetation is hardly effected. For this group cocculus is appropriate. He says: "The patients complain at first of lassitude, prostration after the slightest exertion, difficulty in thinking, loss of memory, loss of appetite and invincible disposition to sleep. They soon feel so weak that they must keep the bed and fall into an apathetic condition which ends

* Klinische Studien I. Typhus, p. 124, Vienna, 1852.

in actual coma. If awakened out of this they complain of vertigo, of a feeling as if a heavy load were pressing upon the head, of weakness and a paralyzed feeling in the limbs, but especially in the eye-lids, which they can hardly keep open."

"Sometimes, instead of the paralyzed feeling, there is a sensation of twitching and jerking. The patients think correctly but slowly. They soon fall back into the comatose condition: the expression of countenance is devoid of all signs of mental activity. This condition is not uninterrupted, for there occur sometimes intervals of moderate excitement, during which the patients, awakened from their stupor, look eagerly around, move themselves quickly, and by the hastiness of their replies seem to seek to hide their lack of force; sometimes there is mild, uneasy delirium."

"In this torpid condition of the nervous function the rest of the organism participates but little. The pulse is weaker, it is true; but seldom sinks below the average frequency; often even rises above it. The temperature remains normal, or changes but little; the skin is pale but lax; the tongue moderately coated, sometimes even clean; the bowels generally constipated, diarrhœa rarely present; the respiratory mucous membrane almost never involved."

"Symptoms of a blood dyscrasia, such as exanthemata, decubitus, hemorrhages, are never observed. The spleen is always swollen."

Among the applications of cocculus must not be forgotten its use in inguinal and femoral hernia, of which several cases are recorded as cured by cocculus. Among them, one in which four herniæ existed simultaneously. Precisely what cases are curable by cocculus it is not easy to say, *a priori*; other remedies, as for example, nux vomica, aurum and nux moschata, have also cured hernia.

Until the functional pathology of hernia shall be better understood it will be impossible to divide the affection into groups corresponding to the different modes of treatment or different remedies which experience has shown to be useful. While the affection is, by most practitioners regarded as exclusively a mechanical accident, to be met by surgical methods, the history of many cases and experience in their cures, shows them to be amenable to dynamic agencies.

In all of these applications, as in others which may be made o cocculus to the treatment of diseased conditions, the similarity of symptoms must be our chief, as it will prove our sufficient guide.

The case of poisoning by cocculus, which Hahnemann treated with camphor, and to which allusion was made at the beginning of this paper, is recorded by Hahnemann as follows,* in a contribution to Hufeland's "Journal der Practischen Arzneikunde, V. I., 1798," entitled "Antidotes to some heroic vegetable substances:"

"A druggist, of fine senibility and otherwise healthy, although but recently convalescent from an acute disease, some years ago wished to ascertain the taste of the cocculus seed, and as he considered it a powerful substance he weighed out a single grain of it, but did not take quite the half of this into his mouth, rolled it about with his tongue over his palate, and he had not swallowed it two seconds when he was seized with the greatest apprehensiveness. This anxiety increased every moment; he became cold all over; his limbs became stiff, as if paralyzed, with drawing pains in their bones and in the back. The symptoms increased from hour to hour, until, after the lapse of six hours, the anxiety, the stupefaction, the senseless stupidity and the immobility, had risen to the greatest height, with fixed, sullen look, ice-cold sweat on the forehead and the hands, and great repugnance to all food and drink. At the slightest increase or decrease of the temperature of the air (75 Fahr.) he expressed his displeasure; every loud word put him in a passion. All that he could still say was that his brain felt as if constricted by a ligature, and that he expected speedy dissolution. He gave no indication of inclination to vomit, of thirst or of any other want in the world. He wished to sleep, as he felt a great inclination to do so, but when he closed his eyes he immediately started up again, so frightful, he asserted, was the sensation he felt in his brain on going to sleep, like the most hideous dream. The pulse was very small, but its frequency was not altered.

"In these frightful circumstances I was called in. A few drops of thebaic tincture appeared not to agree with him. This led me to fix upon a strong camphor emulsion, which I administered to him, a tablespoonful about every minute. I soon observed a happy change in his expression, and after he had thus taken fifteen grains of camphor, his consciousness was restored, the anxiety gone, the heat natural, in something less than an hour. He perspired a little during the night, slept pretty well, but the following day he was still uncommonly weak, and all the parts, which during the direct action of the cocculus were yesterday painful in-

* Hahnemann's Lesser Writings—Dudgeon's translation, English edition, p. 377.

ternally, were to-day uncommonly painful externally to the slightest touch. The bowels remained constipated for several days. It is very probable that all these after-sufferings could have been prevented if, in place of giving fifteen grains of camphor, I had at once given thirty. During the increase of the symptoms from the cocculus, he attempted to smoke tobacco with considerable aggravation; they also increased from taking coffee, though not so strikingly as from the other."

In connection with the successful use of camphor, as a remedy in this case, it is interesting to the homœopathist to notice that Orfila* considers that "the cocculus exerts its influence, like camphor, on the nervous system and especially on the brain, etc." He points out its similarity to camphor, on physiological grounds. Hahnemann recognized the similarity of the symptoms produced by the two drugs.

ARTICLE CXIII.

The Re-Discovery of the Screw. By CARROLL DUNHAM, M.D., New York.

It is related of James Ferguson, the somewhat celebrated Scotch Astronomer, that, while a poor shepherd boy, his mind intent on mechanical subjects, he devised what he supposed to be a new mechanical power, but which, when exhibited, turned out to be the *Screw*.

It seems incredible that a Scottish lad, old enough to tend sheep, should never have seen a screw; but such was the fact in Ferguson's case in 1725. His invention, therefore, had all the merit, though not the profit, of originality, and he was and has been honored accordingly.

But suppose it had appeared that Ferguson, instead of having grown up in the solitude of the sheep-walks, away from books, and ignorant of the ways and mechanisms of civilized men, had been in constant communication with the most learned of his time, had had access to every publication, had even lived in the center of a vast throng of clanging engines and whirring machinery, and from such a position had come forth parading an alleged discovery of a new mechanical power, which, on examination, proved to be the screw, well known for ages, and in constant manufacture and daily use by thousands of his fellow-citizens! What adequate

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* Toxicologie Generale, Vol. II., p. 410.

name could we apply to such a claim, of which only the effrontery could surpass the dishonesty ?

Dr. Archibald Reith, a countryman of Ferguson (we know not that he began his career as a shepherd boy), physician to the Royal Infirmary of Aberdeen, in a paper on "The Therapeutical Action of Medicines in Dilated Conditions of the Blood Vessels," read before the Medico-Chirurgical Society of Aberdeen and published in Edinburgh, 1868, presents us with alleged discoveries of his own, in which we recognize the well-known screw.

Beginning with a confession of the confused state of Therapeutics and deprecating, as illogical, the skepticism regarding the value of drugs which has grown out of this confusion, Dr. Reith says, that the difficulty in reaching a satisfactory theory of the therapeutic value of drugs comes from incorrect views of the fundamental nature of diseases and of the action of drugs upon the system, as well as from the erroneous notion that the therapeutical action of a drug must be the same as its physiological action.

He says that "if our pathology be correct," all diseases "arise from the same centre. This centre is the joint cerebro-spinal and vaso-motor nervous systems."

Confining his attention now to the consideration of inflammation, which occupies so prominent a place in the production of disease, he says: "Inflammation is, as I understand it, primarily and essentially a disorder of the nervous system. The stagnation of blood, the effusion of lymph and serum, the suppuration, etc., which are commonly identified with inflammation, are themselves only the result of deeper-seated morbid processes affecting conjointly the cerebro-spinal and vaso-motor nervous systems."

Stating the order of this affection of the nervous system to be, first, *excitement*, producing contraction of the capillaries, diminution of blood and decrease of vital properties; and second, *paralysis*, producing dilatation of blood-vessels, afflux of blood and increase of vital properties—Dr. Reith goes on to say: "A serious oversight has been made, leading to very erroneous practice. It is commonly supposed that the paralysis of the sympathetic, on which inflammation in great measure depends, is the *primary* effect of the exciting cause; whereas, in truth, it is its *secondary* effect. * * * Thus, inflammation, as observed in the body, is a reaction from a previous and often invisible stimulus upon the motor system." To illustrate. "If ether spray be directed on the skin, the effects of the intense cold will be seen

by the naked eye; contraction of the blood-vessels, diminution of blood and decrease of the vital properties, manifested by the whiteness and insensibility of the part. When the stimulus is removed, reaction gradually takes place, till the parts resume their natural appearance. But it does not stop there. It goes beyond health and approximates disease. The surface is congested; there is dilatation of the blood-vessels, more blood and more vital energy, as increased heat and sensibility, than are found in the ordinary state."

He continues: "If a strong stimulus be directed on the nervous circle, such as cold from without or a poison from within [such as a fever poison] it is thrown into a state of temporary excitement, causing those rigors and general depression which usher in a fever and constitute its cold stage. The reaction from this is its hot or febrile stage," etc.

"Having thus," says Dr. Reith, "given a brief outline of the part played by the vaso-motor system in the incipient stages of inflammation; I have now to show that the action of medicine on the living body is precisely analogous. Whatever may be the ultimate effects of a substance, whether it be known as a purgative, tonic, or a narcotic, its primary action is on the vaso-motor system. * * * The local effects of drugs will be found always to involve, more or less, the vaso-motor system, and to produce in it changes similar to, if not identical with those which occur in inflammation. Medicines may be arranged under two heads; * * pure astringents, acting chemically on the tissues, and those which, after their stimulant or spasmodic action has passed off, are followed by more or less reaction to paralysis of the sympathetic or dilatation of the blood-vessels. To this latter class belong nearly all the contents of the materia medica. They possess the double property of stimulating and paralyzing the sympathetic—in other words, of contracting and dilating the blood-vessels. Take the case of purgatives; a double action is universally ascribed to them, their purgative effects being usually followed by more or less constipation. But what I wish particularly to call attention to, is, that in accordance with the laws of inflammation, prior to their purgative action, and essential to it, the cause of it as it were—there is a previous spasm of the blood-vessels or excitement of the sympathetic, and that the subsequent purgation is in proportion to the intensity and duration of that excitement. We know well that laxative medicines act by creat-

ing irritation and inflammation of the mucous membrane of the intestinal canal, an inflammation not to be distinguished from that which is called idiopathic. If, then, the idiopathic inflammation originate in the manner I have already described, as it undoubtedly does, it is but a natural inference to conclude that purgatives operate in a similar way, and begin their action with spasm of the blood-vessels." Saying that tonics and narcotics act in a similar way, first inducing spasm of the blood-vessels, Dr. R. proceeds: "Indeed, belladonna is now recognized as having the double action, which I am endeavoring to show, belongs to medicines in general. Brown Séquard, speaking of the remedial effects of belladonna says: 'A remedy can produce, with different doses, two opposite effects. Belladonna, for example, by its influence on the blood-vessels of the spinal cord, will diminish sensibility, the reflex faculty, the tendency to convulsions, etc.; but if the dose be *toxic* there will be a morbidly increased sensibility, reflex action, and convulsions will occur. * * * A number of remedies may have quite opposite action in remedial and toxic doses.'"

Dr. Reith proceeds: "It will not be out of place here to notice the singular analogy subsisting between the primary effects of medicines and those of fever poisons. As each medicine acts on its own portion of the sympathetic, so each fever poison implicates a particular part of the same system. In typhus, for instance, the cervical sympathetic suffers. * * Enteric fever involves the abdominal sympathetic, the ganglia of which are found enlarged and softened. The other febrile diseases also have their favorite nidus. Curiously enough too, they all commence their action by inducing spasm of the blood-vessels (cold stage), and the reaction from that indicates the particular disease present (febrile stage)."

"I come now to the practical application of the doctrines I have been inculcating. * * If medicinal agents stimulate the vaso-motor system primarily (spasm of the blood-vessels), and paralyze it secondarily (dilatation of the blood-vessels), it may be supposed that, inflammation being a paralysis of the same system, it would be *aggravated by medicines in their ordinary physiological doses.* Experience confirms this supposition. We find in practice that purgatives are injurious in, and aggravate diarrhœa; tonics and emetics increase pre-existing irritation of the stomach; narcotics are hurtful in congested states of the brain; diuretics in inflammation of the kidney. All this is true, *supposing the medi-*

cines given in the usual prescribed doses of the Pharmacopœia. But, if we concede a double action to medicines, if we admit that, prior to their recognized effect on the economy, they have a spasmodic action on the blood-vessels, inducing their contraction, we will naturally inquire how this primary action may be turned to practical account. What I maintain is, that medicines given in very small doses when the blood-vessels are dilated (paralysis of the sympathetic), will exert their primary action of contracting the blood vessels (excitement of sympathetic) and no more. Their action will then cease: for, whatever benefit is to be expected from administering medicinal agents in doses so small as to go no farther than spasm of the blood-vessels, it will then be accomplished." * * * "How a minute dose should thus affect a paralyzed nerve, while it uninfluences it in its ordinary state, is a phenomenon we cannot explain. But that it does so there can be no doubt. There seems to be a peculiar susceptibility to medicine manifested by the sympathetic in its paralyzed state. The same thing is witnessed by physiologists in animals. In Brown Séquard's Phys. and Path. of the Nervous System, we find the following results described among many others, as due to the section of the sympathetic:

"'27. The first convulsions after poisoning by strychnine, take place there.'

"'28. A galvanic current too weak to act on the other side, may produce contraction there.'

"From which experiments we conclude that a *dose of a medicine too weak to exert any action on the sound nerves*, will operate on them when paralyzed. If we suppose strychnine to be primarily a stimulant to the vaso-motor system, it would, in the same manner as a purgative, aggravate a pre-existing paralysis of that system, shown by the increased vitality of the parts and greater readiness to contraction of the muscles. But *if a very small dose* be administered, it would, by contracting the blood-vessels, remove those symptoms previously existing. All medicines act in a similar way on the nerves for which they severally have an affinity, the *therapeutical dose* being *considerably smaller* than the physiological, and *only to be determined with accuracy* by repeated experiments *on those morbid states for which they are indicated.*" "A proposal has lately emanated from high quarters, to the effect that a systematic and careful investigation should be made on the physiological action of medicines on the system. The importance of this

proposal cannot be over-estimated. * * * But I expect much more from the investigation than the proposers probably have dreamt of. When the *physiological effects of a medicine* are fairly established, they will become a guide to its therapeutical action in those morbid conditions which are attended with dilatation of the blood-vessels (paralysis of the sympathetic). We shall know, then, that in such conditions, its remedial action is the reverse of its toxic; and, moreover, *that the dose required for the former action* must be *much less than the latter.* And then another field of observation has to be entered upon. We shall have to inquire what is the therapeutical dose of each medicine, the physiological dose of which we already know. As already stated, this can *only be done by experiments on diseased nerves.* * * The result to therapeutics will be something like the following: Each medicine will be found to irritate or cause a determination of blood to that part of the system for which it has a special affinity originally, whatever may be the subsequent effects; and, in morbid conditions, where such determination of blood is one of the chief symptoms, the medicine having an affinity for the affected part will prove to be the remedial agent, in doses much smaller than are required for its toxic effects."

"The conclusions to which I have arrived are these:

"1. Whatever may be the ultimate and varied effects of medicines on the system, their primary action is analogous to the primary steps of the inflammatory process, namely, excitement of the sympathetic (contraction of blood-vessels) followed by paralysis (dilatation of blood-vessels).

"2. The variety in the symptoms produced by the different medicines is due, partly at least, to the local tissues or nerves for which they severally have an affinity.

"3. In diseases attended with a dilated condition of the blood-vessels, the proper medicines to administer are those which act physiologically on the affected parts, and the dose must be such as will do no more than excite contraction of the dilated vessels (stimulus of sympathetic).

"4. In so far as the dose proper to such conditions is unknown, it is to be determined by experience and by observation on the paralyzed vaso-motor system."

Let us now take breath and render into language more familiar to our ears, the propositions which Dr. Reith has awkwardly and timidly, but yet clearly enough, laid down. He holds that (most)

diseases begin with a primary action, which, however, is so brief as to be imperceptible except in a few, such as fevers, &c., and which speedily gives place to a secondary and more permanent condition, viz: paralysis of the vaso-motor system. When we see our patients they are almost all in the latter condition. Now, he holds that medicines have a similar two fold action, of which the primary is in most cases momentary and imperceptible—while the secondary condition (paralysis of sympathetic) is permanent and is that which we recognize as the physiological or toxic (or pathogenetic) effects of the drug. In his judgment this secondary effect of the drug being *similar* to the manifestation of the disease, indicates that the drug is to be administered as the curative agent—*but* in a *very small dose*, so that it may produce only the primary effect, viz: excitement of the vaso-motor system.

With much circumlocution and obscurity, he says, in substance, a remedy is to be selected which acts on the tissues and organs affected by the disease, and which produces toxic effects similar to the symptoms of the patient—but it must be given in a much smaller dose than the physiological dose! What is this but the law *similia similibus curantur*, and the doctrine of "the small dose?"

Lest we appear to strain our construction, hear what Dr. Reith, himself, says: "The question will naturally arise, do these therapeutical views not favor homœopathy? If, by that term be understood the principles and practice of the followers of Hahnemann, so far from these receiving encouragement from what I have stated, I am persuaded that when the double action of medicines is universally recognized and acted upon, the props and stay of homœopathy will be cut away. But if the term be taken in its literal significance, the principles laid down most certainly give countenance to it. There can be no doubt that with all its absurdities, homœopathy contains a germ of truth. That germ is its original dictum *similia similibus curantur*. * * * Hahnemann's double error consisted in making that dictum universally applicable to all diseases, and in pushing the *small dose* to infinitesimals. * * * Hence, the doctrine of similars came to be, as it is now, almost always associated with infinitesimalism. The two, however, are essentially distinct. On the other hand, *our* error has been to push the principle of *contraria contrariis* to a corresponding extreme."

"The truth, I apprehend, lies midway between the two extremes.

It is this middle position that I am endeavoring to establish. Let the homœopaths abandon, as many of them are doing, their wild theories of potentization and infinitesimalism, agreeing to receive the principle *contraria contrariis* as having a certain range of application,* and let us abandon our corresponding exclusiveness, adopting the principle of *similia similibus* where it is indicated by the pathology; let this take place and we should have agreement upon a rational system of therapeutics. It must come to this sooner or later; for, after all, the doctrines of Hippocrates are still as true as they were on the day of their first declaration—some diseases are cured by medicines which produce the opposite effects, and some disease are cured by medicines which produce the same effects. * * When we examine the action of the few specifics we possess, it will be found that they exercise their remedial influence in accordance with the same principle. Mercury, the specific for syphilis, will, in large doses, produce symptoms resembling that disease. Quinine, as Cullen remarks, causes intermittent fever and cures it. Chlorate of potash, the remedy *par excellence* for ulcerative stomatitis, will, in large quantities, cause soreness of the gums and inflammation of the mouth. Bromide of potassium, so beneficial in epilepsy, will, when very freely administered, induce symptoms resembling the effects of that disease. Antimony, so valuable in pneumonia, will induce congestion of the lungs (and Dr. Gairdner declares that the beneficial effect of antimony in pneumonia *ceases* on the development of its physiological symptoms, and that the remedial doses must therefore be *much less*. We find also, in Graves' Clinical Medicine, a similar statement regarding antimony as a tonic in dyspepsia."

We surely do not misrepresent Dr. Reith when we say that he proclaims the formula *similia similibus curantur* to be the chief therapeutic law, and teaches that the therapeutic dose must be *very small*, (*how* small, he says, experience alone can teach us;) and that, if large enough to produce physiological effects, the dose ceases to be curative, which reminds us of the homœopathic doctrine of "medicinal aggravation" from too large doses.

But, Dr. Reith has further developed these ideas in a practical paper, "On the therapeutic action of aconite in dilated conditions of the blood-vessels," (Edinburgh Medical Journal, April 1868,

* The proper application of *contraria contrariis* belongs to Hygiene and not to Therapeutics. See an essay "Homœopathy, the Science of Therapeutics," American Homœpathic Review, N. Y., vol. iii, 1863.—C. D.

p. 894.) He states that, of most drugs, the primary action, though intense, is but momentary and hence hardly perceptible, while the secondary action is more permanent and constitutes those symptoms which are generally recognized as physiological effects of the drugs. Aconite, however, is an example of a small class of drugs of which the primary action (stimulus of the sympathetic and contraction of blood-vessels) is prolonged; so much so that it is sometimes regarded as the sole physiological effect of the drug. "It is easy to see what confusion this has introduced into therapeutics. The double action of medicines has been disregarded; in some, the primary, in others, such as aconite, the secondary phenomena have been overlooked. Both these actions, however, must be taken into account before we can form a correct estimate of the therapeutic value or application of remedial agents."

"The chief brunt of aconite falls on the nerves of the heart. * * * There is a diminution of blood in and a decrease of the vital properties of the organ. Its pulsations become less frequent and may fall so low as forty per minute. The surface of the body becomes cold; there are rigors, shiverings, cramps, denoting defective circulation in the system. The general condition of the patient in this state resembles the collapse of cholera. In fact, it is a true collapse, induced by a poison, as much as is that of cholera. The sympathetic system is in a state of excitement, and the blood-vessels in a state of contraction. If a moderate dose of the poison be taken, the symptoms induced are those of the chilly stage of a fever, a less advanced degree of collapse. These, then, are the recognized physiological effects of aconite on the circulation. The attention of observers seems to have been arrested at this stage. Any further phenomena, characteristic of the medicine, appears to have been totally overlooked, or, at least, considered unworthy of especial notice. Whereas, the truth is, that the subsequent manifestations of aconite on the circulation are equally important with, if not more so, than those just mentioned. * * * The chilly stage of a fever is succeeded by the febrile stage. In like manner, the primary symptoms of aconite, just detailed, are followed by a corresponding reaction. In proportion to the stimulus exerted upon the cardiac nerves, more or less paralysis ensues. The blood-vessels of the heart are preternaturally dilated, more blood is sent to its tissue, and there is a consequent increase in its vital properties. The

pulsations are increased in frequency and strength, the circulation is more active, and there is, consequently, a febrile condition present. Had our nomenclature been consistent, the aconite *fever* should have been regarded as the physiological action of that drug and brought it under the same category with other medicines whose secondary symptoms have been regarded as their proper physiological manifestations. If the duplicate phenomena, however, be admitted, the nomenclature is of little importance. Now these febrile symptoms * * are practically ignored. They are never mentioned as affording any indication of its therapeutical application." * * *

"The secondary action of aconite being attended with dilatation of the cardiac blood-vessels and quickened circulation, it follows that, in accordance with the views formerly expressed, it *should prove more or less remedial in conditions of the system where such dilatation existed—the dose, of course, being small enough to induce* only the primary effects. The febrile state is that for which aconite is specially indicated. And herein is exemplified the advantage of recognizing the double properties of medicines. Aconite viewed solely as a depressor of the heart's action, that is to say, a stimulant of the cardiac flexus, has been strongly recommended by some physicians in various kinds of febrile disorders. But, overlooking the secondary action of the drug, and guided only by the primary, they have prescribed it on the principle of the larger the dose, the more powerful the effect. The experience of its use in this way, is very diverse. Sometimes it has succeeded, but it has as often failed, and in many cases, dangerous symptoms have occurred. Sir James Simpson says: * * * 'it is difficult to regulate its effects, and in many persons it produces an almost dangerous and depressing effect, even in very small doses.' There can be no doubt that the conflicting testimony regarding aconite is in great measure due to the quantity prescribed. Forgetting the febrile reaction which takes place, the tendency among observers has been to use gradually increasing doses. Finding injurious effects produced, * * the medicine was consequently abandoned altogether. It never seems to have struck any one that, by still farther diminishing the dose, more accurate results would have been obtained. On the contrary, the idea has been taken up, as with many other medicines, that, unless benefit were derived from the doses of the pharmacopœia, it was contra-indicated. Now, I beg to call attention to the following fundamental axiom of therapeutics, which has never, so

far as I am aware, been stated before. It is this: Medicines, whose recognized physiological action is, in reality, their secondary manifestation when indicated by the pathology as proper remedies for a particular disease, are unsuitable for, and injurious in that disease, when given so as to develop the physiological symptoms." * *

* * "They find that in febrile cases, even five minims of our tincture, or three of Fleming's will often cause alarming symptoms. Such a dose would have *little effect on a healthy subject.* But, in conformity with that morbid susceptibility which I have repeatedly insisted upon, in *the febrile condition* it becomes excessive. Why, then, not diminish it? This is the very point where experimenters have failed. It seems singular, that, when they found five minims to depress the heart too much, they did not try four, three, two or even one. If they had done so the value of aconite would have been, by this time, universally acknowledged. * * I have found it not necessary to give more than one drop nor less than a quarter of a drop. On three occasions I have found even this latter quantity to act too powerfully. * * It may be given in water, simply, every half hour, hour or two hours, according to circumstances."

Let us examine, again, by the light of these illustrations, the points which Dr. Reith apparently claims to have established.

1. The double action of all drugs (except such as act chemically on the tissues); the first action resulting in contraction of the blood-vessels, and the second in a corresponding dilatation. And a similar double action of morbific causes. The primary action of both drugs and morbific causes is almost always transient and, in most cases, so brief as to be unnoticed or imperceptible; while the secondary is more enduring and constitutes what are recognized, respectively, as the physiological effects of the drug, on the one hand, and the symptoms of disease on the other.

2. The remedy for a given disease is one, which, acting on the same tissues or functions that are affected by the disease, produces, upon the healthy, enduring, that is *secondary*, symptoms similar to those presented by the disease. This will be the remedy, provided, only, the subjoined precaution be observed, viz:

3. This remedy must be given in so small a dose as shall be insufficient to produce the secondary symptoms (*i. e.* physiological effects) of the drug. And such a dose must be much smaller than would be sufficient to produce physiological symptoms in the healthy subject, because:

4. The diseased (paralyzed sympathetic) tissue or function possesses an unnaturally increased susceptibility to the action of a drug which would produce on the healthy a similar diseased condition (paralyzed sympathetic) of that tissue or function.

5. *How* small the dose must be in order to produce just enough action and to stop short of a mischievous overaction, must be determined by experiment. We only know, at present, that it must be far smaller than has been imagined practicable by physicians.

These points cover, as all homœopathists at once perceive, the law *similia similibus curantur*, as, indeed, Dr. Reith himself admits; the doctrine of the morbid susceptibility of the diseased part to a drug which is *homœopathic* to the morbid state, and the consequent danger and inconvenience of a "medicinal aggravation," and the necessity of giving a much smaller dose than would produce symptoms on the healthy; and the maxim, much dwelt upon in our journals of late years, that "the question of the dose is an open one," and must be determined hereafter by an analysis of accumulated experience.

Dr. Reith claims no originality on the score of the law *similia similibus curantur;* nor did Hahnemann. Both ascribe its first enunciation to Hippocrates. But, this being premised, behold, in the above propositions, the *Screw* which he parades, with elaborate specifications, before the gaze of his colleagues, and which he claims to be "the first" to have discovered! Not one of them but is "familiar to our ears as household words," in the homœopathic literature of the last twenty years.

Hahnemann speaks constantly, in the Organon (§ 106 *et seq.*), of the primary and secondary effects of drugs, regarding the latter as the reaction of the organism; and although the pathologists of his day knew but little of the sympathetic nerve and its function as the vaso-motor, and although his phraseology has, to our ears, a vague and antiquated sound, yet we cannot but recognize in his utterances the same idea that Dr. Reith expresses in No. 1. Dr. John Fletcher, of Edinburgh, not a homœopathist, expresses himself to the same effect, and Dr. Clotar Muller, of Leipzig, in the Allgemeine Homœopathische Zeitung, xxix. 49, uses almost the very words of Dr. Reith, illustrating his theory of the curative process by that of inflammation. He shows that inflammation consists of, or depends upon, a kind of paralysis of the nerves of the capillaries, and affirms that the medicine cures by stimulating these paralyzed nerves; and he states that it thus stimulates by its *pri-*

mary action, its secondary action being a paralysis of the nerves similar to that of inflammation. He then shows that the action of the medicine is, in this sense, the *opposite* of the actual diseased condition, and, that while the law, *similia similibus curantur*, is our guide in the *selection* of the remedy, it does not necessarily express the *action* of the remedy in *curing*.

These views, together with similar reflections of his own and others, were published by Dr. Dudgeon, of London, in his "Lectures on the Theory and Practice of Homœopathy," 1854, and must have come under Dr. Reith's notice. Indeed, but for the fact that these homœopathists wrote and published, ten or fifteen years before Dr. Reith, it would seem as though they had adopted his views and even copied his expressions!

The necessity of proving drugs upon the healthy, in order to ascertain their curative sphere of action, which Dr. Reith urges with all the gushing *naïveté* of an ingenuous and enthusiastic discoverer, Hahnemann, repeatedly and for years, not only enforced by theoretical argument, but *illustrated* by that constant and long suffering labor to which we owe the provings of the Materia Medica Pura and the Chronic Diseases, without which homœopathy would be but a name.

Of the increased susceptibility of the diseased tissue to the action of a drug homœopathic to its morbid condition, and of the consequent necessity of giving an extremely small dose of a drug when it is indicated according to the law—*similia similibus curantur*—Hahnemann speaks very clearly in the Organon, § 275 to 284, although he uses the phrases of an obsolete pathology. The views of his followers have been collected and published by Dudgeon, in his "Lectures," and must have been seen by Dr. Reith, who speaks so familiarly of homœopathists and their practice, their errors and their changes of opinion.

That the size of the dose can be settled by experience alone was the conclusion reached by Hahnemann, who says, Organon, § 278: "How far the dose of a homœopathic remedy, in any given case of disease, ought to be reduced in order to derive from it the best possible cure, no theoretical conjecture can furnish an answer to this problem. * * * It is by pure experience alone and precise observations, that this object can be attained. It would be absurd to bring forward, as an objection, the large doses used in ordinary medicine which are not applied to the suffering parts

themselves, but merely to those not attacked by the disease. This would be no argument against the minuteness of the doses which pure experiments have proved to be necessary in homœopathic treatment."

Finally, as to the axiom which Dr. Reith claims to be "the first" to state: Medicines whose recognized physiological action is, in reality, their secondary manifestation, when indicated by the pathology as proper remedies for a particular disease, are unsuitable for and injurious in that disease when given so as to develop the physiological symptoms," (although this, as from an allopath, is a great improvement on Christison's advice to push a remedy until its physiological effects are produced)—we recognise the same idea in the following passage of Hahnemann's Organon, § 280: "The doses of all homœopathic medicines. without exception, are to be attenuated to such a degree that, after being introduced into the body, they shall merely produce an almost insensible aggravation of the disease." By all homœopathists it is admitted and affirmed the dose should be such as not to produce the "medicinal aggravation," which is what Dr. Reith calls the "development of the physiological symptoms."

Considering Dr. Reith's small experience in the use of drugs according to the law—*similia similibus curantur*—and his crude ideas of what constitute the indications of remedies under that law, his protest against "infinitesimals" and in favor of "very small doses," is almost ludicrous. We refer him to the test to which he has himself appealed—*experience;* and we wish him a long and busy professional life

Nor do we care to dwell on the seeming littleness of mind which could induce a physician, instead of frankly acknowledging the truth of views hitherto rejected by his school, to bring them forward as original with himself, and novel; to announce, as a discovery of his own, a power so well known as the *screw!* Rather let us rejoice that, however ungraciously and awkwardly, a clear-headed antagonist has acknowledged the truth in medicine, and has reformed his practice; and let us wish his colleagues, everywhere, as clear an insight and greater manliness.

Now when the revolution in the theory and practice of the allopathic school, which these writings of Dr. Reith surely presage, shall be in full tide of accomplishment, and the essential points of homœopathic doctrine shall be universally admitted, and shall be working to their ultimate conclusions, impelled by the joint energy of the then united medical profession—the law, the morbid sus.

ceptibility, the single remedy, the minimum dose—what will be the position of those "homœopathists" who are now so eager to protest against "Hahnemann's errors;" who compound remedies in their prescriptions; who would restrict the application of the law within narrow limits; and who give doses in comparison with which those recommended by Dr. Reith, the allopath, are almost infinitesimal? And all this to conciliate the dominant school! Verily, "they do not discern the signs of the times."

We cannot take leave of Dr. Reith without a reference to his practical remarks upon aconite. He says:

"1. In the first place, the secondary action of aconite being analogous to the febrile state, we infer that it will prove remedial in cases of simple, uncomplicated fever. 2. * * * The dose must be correspondingly small; and, on account of the *exceeding susceptibility* of the *paralyzed sympathetic* to stimuli, care must be taken to regulate the dose accordingly."

"The first proposition excludes aconite entirely from the domain of specific fevers (except, perhaps, rheumatic fever * * *). I have used it extensively in typhus and enteric (typhoid) fevers, without the least advantage * * *. It is vain to expect any good from it in such cases. *Belladonna* is so beneficial, that I have not resorted to aconite when treating erysipelas. Mr. Liston spoke highly of aconite in the last-named disease, but his example does not seem to have been followed." [Is not Dr. Reith mistaken in this? Mr. Liston spoke highly of belladonna in erysipelas; and, we believe, he had the manliness to acknowledge his indebtedness to Dr. Quin, the homœopathist, for the suggestion to use it.] * * * "Then, again, even in inflammatory fever, for which it has been highly extolled, and with reason, no impression will be produced on the symptoms, if there be *extensive local lesion.* In such a case, the medicine acting physiologically on the affected part, is the remedy properly indicated, whether it be belladonna for meningitis, antimony for pneumonia, or cantharides for nephritis. * * * The use of aconite must, therefore, be limited to simple fever without local complication * * *. The true place of aconite is at the onset of local inflammations or the congestive stage."

In an article entitled "Observations upon Aconite," published in the "American Homœopathic Review," vol. VI, 1865, we find the following remarks: "Aconite produces, so far as we know, almost no *localized diseased conditions.* * * * It gives evidence of dyscrasia. Its action bears no resemblance to that of

the poison which produces any of the miasmatic diseases, such as the exanthemata or typhus or intermittent, remittent or continued fevers. Neither does its action, from beginning to end of a fatal case of poisoning, resemble the well-defined course of any local acute inflammation—as of the brain, heart, lungs, etc. For these reasons, aconite can never come into requisition * * * for any of the miasmatic fevers or dyscratic diseases. * * * Aconite can never be the single remedy by which a patient may be safely carried through a complete course of pure, acute inflammation of any organ or system; because, in the action of aconite, that localization is lacking which is an essential feature of these diseases. Yet, in all of these pure inflammations, *there is a period* in which aconite may be indicated and may do a heroic work—the first stage of arterial excitement, * * * prior to the stage which is characterized by change of function and of tissue and by local deposit."

It is, of course, possible that Dr. Reith may not have seen this article, but the same views are expressed, and this article is quoted, by Dr. Richard Hughes in his "Manual of Pharmacodynamics, London, 1867," a work which must have come into the hands of so well-read a physician as Dr. Reith.

And, as we take leave of the subject for the present, let us assure Dr. Reith that, even in his expression of surprise that his colleagues, who found the ordinary doses of aconite too dangerous, never thought of making them smaller, he has been anticipated by Hahnemann. Dr. Reith says: "It seems singular that, when they found five minims to depress the heart too much, they did not try four, three, two, or even one. If they had done so, the value of aconite would have been by this time universally acknowledged."

Hahnemann (Introduction to Colocynth, Mat. Med. Pura, VI, page 173, 1827), after saying that, by reason of the large doses used, colocynth had come to be regarded as a dangerous remedy, and that, to obviate the danger attending its use, various *corrigentia* had been devised and added to it, which, however, did not alter the nature of the drug, uses substantially the following language: "It is a matter of wonder that in the schools of medicine men seem to have avoided reflection, and that, in such circumstances as these, the simple, childlike thought should never have occurred to them that if heroic drugs in certain doses act too powerfully, this depends less upon the drug than upon the

excessive dose, and that the dose may be diminished as much as may be necessary; and that such a diminution of the dose, while it leaves the drug unchanged in its properties, only tones down its strength, making it innocuous and useful; and therefore this must be the most natural and suitable *corrigens* of all heroic drugs. If a pound of alcohol, drunk at once, can kill a man, this depends not upon the *absblute* poisonous nature of alcohol but upon the too great dose. Two drops of alcohol would not have harmed the man. Whereas a drop of strong sulphuric acid immediately vesicates and corrodes the spot of the tongue upon which it is placed; on the other hand, when diluted with 20,000 or 100,000 drops of water, it affords a mild, slightly acid liquid. These facts show that the most natural, the simplest *corrigens* of all heroic substances is found alone in the dilution and diminution of the dose until it becomes useful without being hurtful."

ARTICLE CXIV.

Case of Malformation of the Occipital Bone. Large Congenital Tumor in connection therewith. By D. F. BISHOP, M. D., of Lockport, Niagara county, N. Y.

The following very singular case is deemed worthy of presentation to the medical profession, being remarkable in its character, and, as far as my knowledge extends, it is the second case on record in which malformation of this character has occurred in the cranium. Professor Wilson, of Cleveland, has reported a similar case, giving details of an operation.

Female child, weighing ten pounds at birth; fourth child of healthy father but scrofulous mother. The older children are well formed and healthy. At the birth of this child a large tumor was found located in the occipital region, measuring 19 inches in circumference, attached closely with a pedicle about two inches in diameter. The child's head, the pedicle, and about one-third of the tumor, were well supplied with hair. A natural warmth pervaded the entire body as well as the tumor. Respiration regular but exceedingly feeble. The child was fed with a spoon, and all the functions of the body were fully established. On the fourth day the tumor seemed more tense, the breathing become irregular and difficult, when, on account of a slight spasmodic tendency, it was thought best to evacuate the sac. In performing the operation, a small trocar and canula were used. After removing a large quantity of serum, the integument collapsed to the base of the pedicle, which appeared to be a hard mass, somewhat larger than a goose egg, and firmly attached to the occipital bone. The breathing then became regular, the spasmodic action ceased, and the child opened its eyes for the first time. After a few hours of apparent relief, prostration incident to the operation came on; stimulants were used freely upon the surface, and were administered to the stomach. From this time the sac gradually filled again, until it reached about two-thirds of its original size. The child gradually declined in strength, and without marked symptoms, died on the 29th day after its birth. Immediately after death the photograph here exhibited was taken, and a post mortem examination made in the presence of several physicians.

A circular incision was first made around the attachment, em-

Fig. 1.

[illegible]

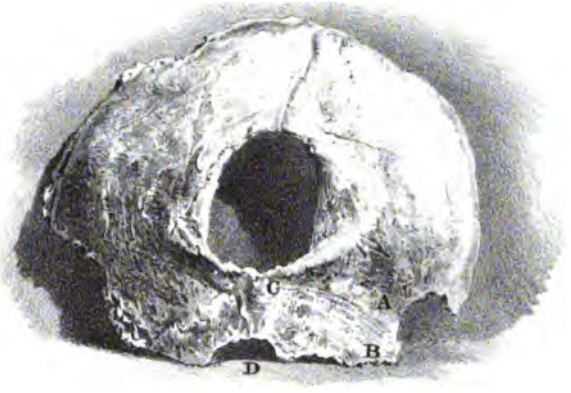

Fig. 2.
External surface of occipital bone.
Showing the opening through which the tumor protruded.
Natural size.

A Superior curved line. B Inferior curved line.
C Occipital protuberance.
D [illegible]

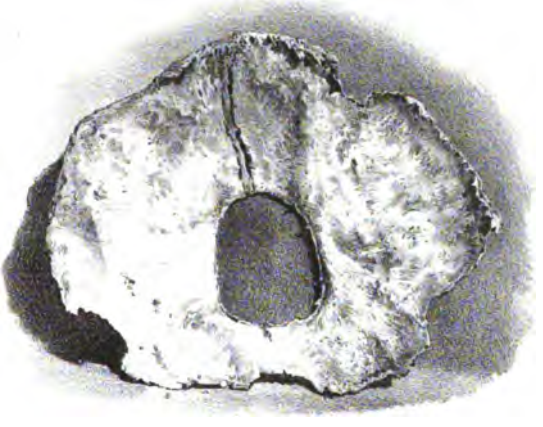

Fig. 3.
Internal surface of occipital bone.
Showing the opening through which the tumor protruded.
Natural size.

bracing about the dimensions of the entire occipital bone. The sac or covering was dissected carefully off, when the tumor proper was presented. It was a firm hard mass, and was found to consist of a portion of the posterior lobe of the cerebrum, and reflected around it, duly formed, were the membranes of the encephalon, the dura mater, the arachnoid and the pia mater.

The opening through the bone was a well-shaped oblong aperture, measuring half an inch transversely by three-quarters of an inch perpendicularly, situated immediately above the external occipital protuberance and superior curved line.

This wonderful freak of nature gave rise to much speculation regarding the cause of such morbid conditions, and hundreds of people came from far and near to see the "waterfall baby." The mother claimed that during the third or fourth month of pregnancy she had much trouble on a certain occasion in arranging her back hair in the shape of a waterfall, and finally, after great fatigue and failure, she abandoned her purpose, saying she would never attempt it again—and from that time had an impression that her child was "marked." Discarding this explanation as the true theory of the malformation, as I suppose we must, it seems noticeable that the only cases known have both occurred in these "waterfall" days.

ARTICLE CXV.

Cases of Insanity treated by H. DOTY, M. D., Superintendent of the Homœopathic Retreat for the Insane, Margaretville, Delaware County, N. Y.

CASE I.

James ——, a young man, twenty-nine years of age; dark complexion, black hair, had enjoyed uninterrupted health for years, to the time the evidences of the disease appeared. He was an associate of mine, frequently calling at my office to spend an evening or have a social chat.

On the evening of the occurrence which I am about to narrate, he came into my office where I was sitting alone, and in a vehement and excited manner, threw down a letter on the table before me, exclaiming, "Read that; she is after me!" but naming no individual. I took the letter and found it to contain nothing of any importance, a common business letter, having no reference whatever to an affair of the heart, or anything else which would tend to produce, in the least degree, the excitement under which he was laboring. After having read the letter, I informed him that it contained nothing of importance, and requested him to state the cause of the excitement under which he was laboring. He paid no attention to my request, but insisted that I should read the letter crossways, that I would then see "she was after him." He trembled with excitement, walked the floor and behaved in a manner so unusual that I concluded that my young friend had really become insane.

His countenance was flushed; his eyes were sparkling, and his conversation uttered in quick sentences. At my request, he went with me to his house and was placed in bed. He did not refer again to the contents of the letter which appeared to give him so much trouble. I found his pulse one hundred per minute, hard and full; pronounced himself free from pain, and suffered no unnatural feeling in the head. Prescribed aconite and belladonna alternately; also ordered sponge baths of tepid water. No other treatment was given and no other symptoms of importance were present.

On the third day I dismissed my patient, entirely well. I at first supposed this to be a case of acute meningitis, but the

symptoms throughout did not justify such a conclusion. Pain in the head, which is always present in that disease, was entirely wanting. I therefore concluded this was a case of acute insanity.

CASE II.

Mrs. C——, a married lady, thirty years of age, during pregnancy, suddenly and unexpectedly attempted to take her own life by cutting her throat with a razor; the wound, however, did not prove fatal. She became more and more unmanageable, requiring constant watchfulness to prevent her from taking her life. She would frequently hide sharp instruments with the intention, no doubt, of using them when an opportunity should occur.

About one week after the attempt to take her life, she was delivered of a mature child, but apparently without any knowledge on her part of the occurrence. As she did not notice the child, it was sent away to be cared for at a neighbor's. At this time her pulse numbered ninety-five to one hundred; did not seem inclined to converse with any one; ate but little, tongue coated; inclined to walk about. Prescribed aconite, afterwards stramonium and belladonna. About two weeks after commencing treatment she asked for her child, which was brought to her. Her appearance and actions became gradually more natural.

The third week she was dismissed, entirely cured.

CASE III.

Herman P——, aged forty years. About five years previous to being placed under my care, while in Buffalo, in the street, became suddenly deranged; was cared for and sent home to Delaware county after a somewhat protracted illness. He recovered, but relapsed, and was placed under my care. He would hide his face in the bed clothes on the approach of a stranger; did not notice his family or friends; would lie on the bed for days together if allowed; made no inquiries in regard to his business affairs. On the approach of this attack, he said to his friends, that he was lost, that he had committed the unpardonable sin. As he became worse, he remained in bed and refused to converse with any one. He suffered from loss of appetite, thickly coated tongue and constipation. Prescribed nux vom. and arsenicum, to be taken night and morning in alternation. The appetite gradually improved, bowels became regular, and he soon began to look after his affairs, and was dismissed three weeks from the date of

the first prescription, to all appearances entirely recovered; shortly after, however, he relapsed and was taken to Utica, and, as I have recently learned, returned home again, but is not entirely well.

CASE IV.

Betty S——, a young lady, eighteen years of age, black hair and eyes. While attending a select school at Delhi, in this county, from too close an application to study and a lack of proper exercise, became insane, and was several weeks under the treatment of allopathic physicians, without deriving any benefit. When placed under my care, she was suffering from the following symptoms: Delayed menstruation; would sit with her hands in her lap for hours together, apparently engaged in some amusing thought, with her face wreathed in smiles; was willing to converse when spoken to; somewhat inclined to criticise; in fact, she had said some rather sharp things to her allopathic adviser in regard to himself and his medicines; bowels costive, appetite impaired; was wakeful during the first part of the night, but would sleep well towards morning. Prescribed pulsatilla. Twenty-one days after the first prescription, menstruation returned and her mind was restored.

A somewhat similar case, which came under my observation, of a young lady who was dismissed from the Utica asylum as incurable, was, as I am informed by the homœopathic physician who prescribed for her, cured in two weeks with pulsatilla.

CASE V.

Mr. M——, a powerfully built man, twenty-eight years of age, dark complexion, black hair and eyes; was attacked with acute rheumatism, and treated allopathically three weeks, when he suddenly became insane. It was alleged by his physicians to be the result of metastasis of the disease to the brain. He was treated allopathically, for insanity, about two weeks, without any benefit, and his physicians finally advised that he should be taken to Utica. At this time he was placed under my care. Symptoms: pulse ninety-five; not inclined to converse; would answer only in monosyllables; a wild and savage expression of countenance; subject to paroxysms of rage and fury, when he would desire to kill his friends, burn his father's house, and destroy whatever was within his reach. He appeared to be conscious of the approach of these attacks, and would request to be tied for fear that he should do some injury. His friends were accustomed to tie him

at his request, and he would lie quietly until the paroxysm passed; would then ask to be released; appetite impaired, bowels costive. I prescribed aconite and belladonna, alternate hours during the day; great improvement within three days; pulse slower; the expression of his countenance was improved; was more sociable; complained of a fullness and pain in the head. Nux vomica was given at night, as his bowels continued constipated; aconite and belladonna at longer intervals; occasionally omitting aconite and giving belladonna only.

He continued to improve without any interruption, and was fully recovered four weeks from the time of the first prescription. He called at the Retreat a short time since, as he had frequently done before, to express his gratitude for my attention to him during his terrible affliction.

Case VI.

Miss M. F——, a highly accomplished lady, thirty years of age; dark hair and eyes; a highly organized nervous temperament. Became very much depressed in spirits in consequence of the death of her mother and the absence of her father, who was at Albany, a member of the Legislature. From wearing grief and loss of appetite, her strength failed and she became very much emaciated and irritable, disliking her sister, her father and her home. She imagined she would be eternally damned, that there was no hope for her; would sit weeping for hours together, lamenting her sad fate. Her friends noticed the change that was taking place, but hardly realized the danger of her situation, until one morning they were startled by the report of a gun near the house. On going to the place, found Miss F—— wounded and bathed in blood.

Without any previous treatment, she was placed at once under my care; her pulse was scarcely perceptible; stomach and bowels badly deranged. Prescribed pulsatilla and arsenicum. She remained under my treatment, at this place, four months and was then dismissed, cured.

Case VII.

Miss S. D——, aged twenty-eight years; black hair and eyes; had, before becoming insane, been employed as clerk in the War Department at Albany. From close application to business, her health gave way, and she was prostrated with congestion of the lungs. After a long and dangerous illness, the disease of the

lungs succumbed, but her mind was found to be impaired. She had been insane four months before being brought here. When placed under my care, I noted the following symptoms: constant inclination to sing, to run about, climb trees and fences; if confined in the room, would tear her clothes; express great dislike to her relations; pulse ninety-five in the morning. Treatment was commenced with aconite and belladonna, and as the pulse became slower, aconite was omitted. Throughout the entire course of treatment, no remedy appeared to afford as great relief as belladonna; it was used in different attenuations from the first to the thirtieth.

The patient remained at the Retreat eight months, and was dismissed cured.

If, by reporting these cases, I can induce homœopathic physicians to treat every case of insanity which may fall into their hands, or send them where they can receive homœopathic treatment, I shall feel that the object I have in view has been accomplished.

Can a parallel be found on earth, in any occupation, that will compare with the course pursued by the homœopathic profession, who have turned over to a rival school, an entire class of their patients? The unfortunate insane have had as a dernier resort, only the asylums of the old school. The four thousand homœopathic physicians in the United States and Canada, are able to treat their insane patients with scientific accuracy, yet they abandon them to the caprice of this or that allopathic physician whose teachings may chance to rule for the hour.

With schools, hospitals, infirmaries and dispensaries, we have no public asylums for the insane. What homœopathic physician does not blush with shame to see his patients taken away and carried in triumph to an allopathic asylum, when he is conscious in his own soul that if he had an opportunity, he could show as good a record as has been exhibited in the treatment of cholera or yellow fever. Is it always to be thus?

Homœopathic physicians are too apt to abandon cases of insanity without a trial. If they would fearlessly and properly treat the disease, they would find it as amenable to appropriate homœopathic treatment as nine-tenths of the cases occurring in ordinary practice.

If we cannot secure Legislative assistance, private enterprise should take the initiative. Has not private enterprise established our colleges, infirmaries and hospitals? It is a burning shame

that a profession so influential, so learned and numerous, should allow their insane patients to be treated allopathically. What if the treatment of cases of cholera and yellow fever had been entrusted in like manner to allopathic medication? We have reason to believe that the hitherto rapid progress of homœopathic principles and practice would have been greatly retarded.

The evidence of the success of our school can be as well and satisfactorily demonstrated in the homœopathic treatment of the insane, as in any other department of medical science. Why then should we hesitate longer to secure action in the direction contemplated?

In order to supply, in part, the demand for an institution in which the insane can receive appropriate homœopathic treatment, an asylum has been established at Margaretville, Delaware county, N. Y. The institution is known as the "Homœopathic Retreat for the Insane."

The immediate medical management of the institution is under the care of Dr. H. Doty. The general interests of the Retreat are entrusted to the care of the following

Board of Trustees.

Hon. John Ferris, President.
William E. Ten Broeck, Esq., Vice-President.
Hon. Daniel Rowland, Secretary.
H. Doty, M. D., Corresponding Secretary.
Martin Morrison, Treasurer.

ARTICLE CXVI.

Report of the Albany City Dispensary,* comprising:
A. First Annual Report of the Albany City Dispensary Association, presented November 24, 1868.
B. Articles of Incorporation of the Albany City Dispensary.
By H. M. PAINE, M. D., Albany.

A.

FIRST ANNUAL REPORT OF THE ALBANY CITY DISPENSARY.

THE ALBANY CITY DISPENSARY, located at No. 7 Plain Street, is a Charitable Institution, designed to afford gratuitous medical and surgical aid and medicines to the poor.

Extracts from the Constitution.

Article 2. The object of the Association shall be the establishment of a Homœopathic Dispensary in the city of Albany, for the purpose of furnishing medicines and medical attendance to persons who are unable to pay for them.

Article 3. An annual contribution to its funds shall constitute the donor a member of this Association.

Extract from the By-Laws.

Section 8. The Dispensary shall be open for at least one hour each day, at which time it shall be the duty of one of the physicians appointed by the Board of Trustees to be present.

The attending Physicians and Surgeons may be consulted DAILY from 1 to 2 o'clock P. M.

The Dispensary is open at all hours of the DAY and NIGHT, the Resident Physician being in attendance when not otherwise professionally engaged.

Vaccination, at the usual hour, on Wednesday of each week.

The Dispensary was incorporated March 23, 1868.

OFFICERS.

Board of Trustees, 1867–8.

William Lacy, President.	S. A. Stratton, Vice-Pres.
E. W. Keyes, Secretary.	Samuel Moffatt, Treasurer.

* A history of the organization of the Dispensary, the reports of meetings, and constitution and by-laws, are published in this volume, Article XX, page 201.

E. D. Jones. James W. Cox.
H. M. Paine.

Medical Committee.

Dr. J. W. Cox. Dr. E. D. Jones.
Dr. H. M. Paine.

Finance Committee.

William Lacy. Samuel Moffatt.
E. D. Jones.

Committee on Incorporation.

William Lacy. J. W. Cox.

Board of Trustees, 1868–9.

William Lacy, President. S. A. Stratton, Vice-Pres.
E. W. Keyes, Secretary. Samuel Moffatt, Treasurer.
L. M. Pratt. W. H. Randel.
J. F. McKown.

Medical Committee.

Dr. L. M. Pratt. Dr. Wm. H. Randel.
Dr. J. F. McKown.

Finance Committee.

William Lacy. Samuel Moffatt.
L. M. Pratt.

Committee on Publication.

E. W. Keyes. H. M. Paine.

Attending Physicians.

Dr. J. W. Cox, Monday. Dr. H. M. Paine, Thursday.
Dr. L. M. Pratt, Tuesday. Dr. J. F. McKown, Friday.
Dr. E. D. Jones, Wednesday. Dr. W. H. Randel, Saturday.
Dr. P. L. F. Reynolds, Surgeon, Wednesday and Saturday.
Dr. E. A. Carpenter, Resident Physician.

REPORT OF THE SECRETARY.

In presenting the operations of the Albany City Dispensary during the first ten months of its existence, the Trustees are confident that the result will be gratifying to the patrons of the enterprise, and will assure the public generally of the beneficent design and useful character of the institution.

Like most voluntary organizations for charitable purposes, its operations have been embarrassed and its means of usefulness restricted, for want of means to give full effect to its aims. All service on its behalf is strictly gratuitous; but the expense of rent, fuel, light, medicines, printing, advertising, and at the outset, more or less, for medical and surgical instruments and apparatus, and fitting and furnishing an office, have been of necessity very considerable in the aggregate, though the most rigid economy, consistent with any action in the direction of the purposes of the organization, has been practiced.

The Treasurer's report will show what these expenses have been, the sources from which the means have been derived to meet them, and the present financial condition and needs of the Dispensary.

In view of what has been done during the past year and of the widening field of action and usefulness before us, as a knowledge of the institution becomes more extended, we appeal with confidence for aid in maintaining this institution—

First. To those whose contributions have been so fruitful of beneficent results, to continue their patronage, and in so far as practicable to increase its amount, now that all uncertainty relative to the permanent character of the effort is removed.

Second. To the public at large, whose attention has not been called to this charitable enterprise, or who have waited until its success, through the efforts of its more immediate friends, should be assured.

Third. To the Common Council of the city of Albany, which cannot, without great injustice, refuse through this agency to ameliorate the condition of the suffering poor, while it so liberally dispenses its charities through other not more deserving channels.

Fourth. To the Legislature of the State, for a continuance of that recognition and favor which has been of such signal service during the year just closed.

The Board of Trustees desire to express their appreciation of the very efficient service rendered by the corps of physicians in daily attendance, and especially to the faithful assistance and prudent management of the resident physician, Dr. E. A. Carpenter, whose ability, energy and watchful care has greatly contributed to the success of the institution. The Trustees regret that this token of their appreciation of his valuable assistance is all the remuneration in their power to bestow. They feel that his

truly self-sacrificing labor should be rewarded by a suitable salary, and express the hope that the funds of the Association may soon be increased to such an extent as to warrant an appropriation for this purpose.

REPORT OF THE RESIDENT PHYSICIAN.

Monthly Summary of the Cases Treated.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	Total.
Surgical	5	4	5	2	18	45	59	52	52	41	283
Skin	3	3	3	2	8	24	22	11	21	6	103
Head	....	....	....	2	1	14	5	5	6	12	45
Face	....	....	....	....	....	2	2	9	8	1	22
Eyes	....	2	....	1	4	13	14	12	13	9	93
Ears	....	....	2	....	1	6	3	20	7	1	40
Throat	....	4	....	....	3	6	1	5	17	4	35
Lungs	1	7	7	3	8	23	16	32	31	19	147
Heart	....	....	1	1	....	2	3	3	....	....	10
Digestive organs	1	5	5	3	19	31	29	38	26	12	169
Liver	....	2	1	3	5	4	....	4	7	....	26
Kidneys and urinary organs,	....	....	3	....	....	1	1	16	14	4	39
Bowels	1	3	....	3	3	14	32	20	10	5	91
Spine	....	....	....	....	....	....	....	....	1	....	1
Nervous system	1	2	....	5	....	10	2	5	8	6	39
Diseases of women	....	2	2	....	8	14	12	12	16	11	77
Diseases of children	....	1	1	1	4	4	3	36	12	8	70
Scrofula	....	....	2	2	2	1	2	2	....	....	11
Fever	....	....	....	....	4	5	3	2	1	4	19
Rheumatism	1	3	1	4	....	14	15	23	19	6	86
Debility	....	1	1	1	2	9	6	5	11	1	37
Vaccinations	....	....	....	....	....	8	....	1	2	....	11
Syphilitic	....	1	3	2	6	13	18	6	6	6	61
Diseases of the mind	....	....	....	....	....	12	....	....	....	....	12
Not classified	....	....	....	10	....	24	....	....	26	109	169
Number of visits made	5	10	20	15	11	36	40	45	46	74	302
	18	50	57	60	107	335	288	369	355	339	1978

Total number of patients treated, from December 23, 1867, to November 1, 1868, upwards of 700

Total number of prescriptions, from December 23, 1867, to November 1, 1868 1978

Total number of visits to patients at their residences, from December 23, 1867, to November 1, 1868 302

About four-fifths of the whole number of patients are not now under treatment, and are supposed to be cured.

Nationality of patients treated:

Ireland 275

United States 161

England 12

Germany 12

Canada	5
Scotland	3
France	2
Not classified	25

REPORT OF THE TREASURER.

Donations in Cash.

Douglass L. White	$100 00
Erastus Corning	50 00
Geo. P. Wilson	50 00
Dean Sage	50 00
William Lacy	25 00
E. W. Keyes	25 00
William Mitchell & W. J. Cunningham	25 00
C. M. Traver	10 00
H. Covert	10 00
John Fredenrich	10 00
J. W. Harcourt	10 00
J. M. Newton	10 00
H. B. Newton	10 00
Mrs. Elizabeth Tibbits	10 00
S. A. Stratton	10 00
Samuel Moffatt	10 00
Mrs. Maria Wright	10 00
Miss Sarah E. Sanders	10 00
Gibson, Brothers	10 00
Jacob Leonard	10 00
G. A. Van Allen	10 00
I. W. Vosburgh	10 00
Mrs. E. W. Rathbone	10 00
Hon. J. V. L. Pruyn	10 00
E. H. Pease	5 00
H. T. Mesick	5 00
F. G. Tucker	5 00
Andrew Dickey	5 00
E. Wackerhagen	5 00
Charles Bridge	00
W. H. Williams	5 00
B. P. Johnson	3 00

Donations in Articles of Furniture, etc.

J. S. Perry & Brother, large heater	50 00
Mrs. E. Corning, bill of card printing	20 00
W. H. Parry, papering room	10 00
Messrs. Gladding & Coates, signs and let'ng window shades	10 00
H. D. Watson, window shades and fixtures	4 00
L. Jennison, balance on bill of carpet and matting	5 85
Mitchell & Cunningham. sugar	2 00
F. N. Sill, half ton of coal	6 00

George B. Hoyt, half ton of coal	$4 00
Jacob Leonard, half ton of coal	4 00
Bailey & Jeroleman, tin ware	3 00
Solomon Luke, towels	1 50
H. M. Paine, envelopes and postage	3 00
A. McClure, mortar, scales, alcohol	8 00
Van Heusen & Charles, bowl, pitcher, etc.	6 00
Dr. E. A. Lodge, one copy Hale's New Remedies	8 00
Joel Munsell, bill of printing	10 00
E. W. Keyes, blank books	4 00

Expenditures.

Cleaning rooms, 39 Green street	8 00
Painting rooms, 39 Green street	15 00
Printing circulars	6 25
Office table	20 00
Rent to December 9, 1867	160 00
Chairs and cartage	27 36
Carpet, matting, etc.	80 00
Printing, subscription circulars	26 25
Stationery	2 62
Medicines	31 68
Pipe and fixtures	9 90
Rent to January 9, 1868	40 00
Book	4 00
Rent to April 9, 1868	120 00
Cleaning and expenses incurred in removing to 7 Plain street	25 00
Rent to May 1, 1868	28 00
Rent to August 1, 1868	112 50
Shades and trimmings	8 00

Summary.

Annual subscriptions in cash	$270 00	
Cash donations	268 00	
Rent, nine months, to February 1, 1869	175 00	
Donations of furniture, etc., $155.35.		
Disbursements		$724 56
Amount due the Treasurer	11 56	
	$724 56	$724 56

ARTICLES OF INCORPORATION.

Certificate of Association of the "Albany City Dispensary Association," in pursuance of title vii, *chapter* xviii, *part* I, *of the Revised Statutes of the State of New York.*

We, whose names are hereto subscribed, being citizens of the State of New York and of the United States, do hereby certify

that we have associated together as a society for benevolent and charitable purposes, to be designated and known as "The Albany City Dispensary Association."

That the object and business of said Association shall be and is the establishment, carrying on and conducting a Homœopathic Dispensary in said city, for the furnishing of medicines and medical attendance, under homœopathical treatment, to persons who are unable to pay for the same.

That the number of trustees, directors or managers to manage the same shall be seven, constituting a Board of Trustees, and of whom four shall be other than physicians, and three of whom shall be homœopathic physicians.

That William Lacy, Stephen A. Stratton, Emerson W. Keyes, Samuel Moffatt, James W. Cox, E. Darwin Jones and Horace M. Paine shall be the trustees, directors and managers of such society or association for the first year of its existence, and the officers of said Board of Trustees shall consist of and be a President, one Vice-President, one Treasurer and one Secretary.

As witness our hand of said city of Albany this 23d day of December, A. D. 1867.

(Signed) WILLIAM LACY.
S. A. STRATTON.
EMERSON W. KEYES.

STATE OF NEW YORK, }
City and County of Albany. } *ss.*

On the seventeenth day of March, A. D. 1868, personally appeared before me William Lacy, Stephen A. Stratton, James W. Cox, E. Darwin Jones, Horace M. Paine, L. M. Pratt and W. H. Randel, and on the eighteenth day of March, A. D. 1868, personally appeared before me Emerson W. Keyes, Samuel Moffatt and Frederick G. Tucker, known to me to be the several persons named and who subscribed the foregoing and annexed certificate, and severally, each for himself, acknowledged that he executed said certificate for the purpose therein named.

(Signed) J. B. STURTEVANT,
Notary Public, City of Albany.

Certificate of R. W. Peckham, Esq., one of the Justices of the Supreme Court.

I consent to and approve of the filing of the within certificate as directed in and by the statute in such case made and provided.

ALBANY, *March* 23, 1868.

Filed March 23, 1868. (Signed) R. W. PECKHAM.

ARTICLE CXVII.

Circular addressed to the Homœopathic Medical Profession of the State of New York. By the Secretaries of the State Medical Society—H. M. PAINE, M. D., 104 State street, Albany, Albany county, N. Y., Recording Secretary; E. DARWIN JONES, M. D., 140 State street, Albany, N. Y., Corresponding Secretary.

The object designed to be accomplished in the formation of the State Medical Society is, as stated in article first of the constitution, the "*advancement of medical science.*" To render this purpose practically effective, advantage is taken of the eight judicial districts into which the State is divided, by appointing one local committee in each district. These committees are appointed annually; are expected to act as chairmen in their respective districts, and to report regularly on *materia medica, epidemics, clinical medicine and medical statistics.* The duties devolving upon these committees, about thirty in number, are stated in the following quotation from the by-laws:

"All committees on subjects relating to the advancement of medical science, shall be appointed for one year, and until their successors shall have been appointed, they shall be deemed to have the various matters referred to them constantly under consideration; and it is hereby made their duty to report at each annual or semi-annual meeting of the Society."

I. COMMITTEES ON MATERIA MEDICA.

The committees on materia medica are expected to take a deep interest in the work committed to their charge, and to extend to the Society and the cause their active co-operation. In their correspondence with the physicians in their respective districts, they should—

Set forth the importance of united effort, aud point out the mutual benefits resulting from such labor;

Urge all to engage personally in the work; and

Collect, arrange and present the returns made to them for publication in the Transactions of the Society.

In this department every physician has an opportunity directly and permanently to promote the advancement of medical science.

While pathological research is essential to a correct knowledge of disease, accurate, careful and systematic trials of drugs are equally necessary to effect its removal. Every member of the profession, or nearly every one, can annually furnish the Society with a proving, either upon himself or some other person. The importance of this labor cannot be over-estimated. It is very clearly set forth in two articles published in the third volume of Transactions, entitled, "Importance of an extensive and uniform system of drug proving," page 141, and "Enlargement of the materia medica," page 164. It is very desirable that a large number of physicians in the State should engage in the work, and that provings be confined, until finished, to *one drug only.*

II. COMMITTEES ON EPIDEMICS.

The committees on epidemics are composed in a similar manner, and have similar duties to perform. They present to the profession in all parts of the State a convenient opportunity to report, through the chairman of the several district committees, the results of the most approved treatment of the various epidemics that may have prevailed in their respective localities. The annual publication of full reports from each district will serve to collect and render readily accessible the result of a vast amount of experience, and thus prove of incalculable benefit to humanity and the profession. Any light that may be thrown upon the pathology and treatment of zymotic diseases, will prove of practical importance. The report should embrace, as fully as may be practicable, reliable statistical information.

III. COMMITTEES ON CORRESPONDENCE, OR CLINICAL MEDICINE.

It is very desirable that clinical reports, consisting of records of cases homœpathically treated, be prepared and presented at the meetings of the Society. With this end in view, committees on correspondence or clinical medicine have been appointed. It is therefore the duty of the several district committees to collect all communications relating to any department of medical science, except materia medica and prevailing epidemics, which are assigned to special committees, and arrange them for presentation at the meetings of the Society, and prepare them for publication in the Transactions. In this department ample opportunity is afforded for enhancing the practical value of the Society. Let

those who have not time or opportunity for elaborate articles, give brief accounts of interesting facts occurring in practice, or curative effects resulting from the use of certain medicines in particular diseases or groups of symptoms. Let each resolve to write out and communicate at the regular meetings even as few as three or four cases from practice. Inasmuch as moderate effort only is needed, if it be general throughout the Society, to secure very gratifying and exceedingly valuable results, it is hoped this work will be earnestly undertaken by every member of the profession. The practical value of this report, like the preceding, can be vastly augmented by the communication of statistical information pertaining to the practice of medicine.

IV. List of Judicial Districts.*

The first district consists of the city and county of New York.

The second district comprises the counties of Richmond, Suffolk, Orange, Kings, Westchester, Queens, Rockland, Dutchess and Putnam.

The third consists of the following counties: Columbia, Rensselaer, Sullivan, Ulster, Albany, Greene and Schoharie.

The fourth comprises the counties of Warren, Saratoga, St. Lawrence, Washington, Essex, Franklin, Clinton, Montgomery, Hamilton, Fulton and Schenectady.

The fifth consists of the following counties: Onondaga, Jeffer son, Oneida, Oswego, Herkimer and Lewis.

The sixth includes the counties of Otsego, Delaware, Madison, Chenango, Tompkins, Broome, Chemung, Tioga and Cortland.

The seventh consists of the counties of Livingston, Ontario, Wayne, Yates, Steuben, Schuyler, Seneca, Cayuga and Monroe.

The eighth comprises the counties of Erie, Chautauqua, Cattaraugus, Orleans, Niagara, Genesee, Allegany and Wyoming.

A list of the several district committees is published on pages 26 and 27 of this volume.

V. Reports of County Medical Societies.

Another important desideratum is, the annual publication of correct and full reports of the several county homœopathic medical societies.

The secretaries of each of the county homœopathic medical

* See also List of Delegates, pages 701 to 709 of this volume.

societies in this State, are requested to furnish the recording secretary of this society, on or before the first day of January of each year, a report consisting of—

1. A list of officers and members of their respective societies, with their address in full.

2. Biographical notices of any who have died during the previous year.

3. The time of holding annual and regular meetings, together with a list of all medical commitees, and a complete copy of the proceedings of each meeting.

4. A copy of all reports of general interest; also copies of addresses and communications on subjects relating to medical science.

VI. Historical Sketch of Homœopathy.

It is further important that the introduction, progress and present status of the homœopathic school in each county should be published without further delay. Many of the pioneers of this system of practice are still living. They now have an opportunity to communicate facts and incidents of great professional and historic interest. This report should contain

A list of all the practitioners and their addresses in full.

The time of their adoption of this system of practice.

A biographical notice of deceased members of the profession.

VII. Conclusion.

An annual contribution of a single clinical case and a single proving of a drug by every homœopathic physician residing in this State would render the volume of Transactions of the State Medical Society of great practical value and increasingly useful to the profession. The chairmen of the several district committees will arrange and classify all such communications, however fragmentary, and prepare them for publication. A suitable appreciation on the part of the homœopathic profession of so great a favor as the annual publication of the volume of Transactions ought surely to prove a powerful incentive to labor earnestly and perseveringly for the advancement of medical science, and the perfection of the homœopathic system of practice. As members of the regular profession, let us show by the published results of our labors, that we are disposed to contribute our quota towards the accomplishment of this desirable end. Ample opportunity is

afforded for the publication of all suitable articles; the Secretaries would, therefore, urge the profession to send them written communications for presentation at the annual meetings, and publication in the Transactions of the Society.

Papers already published elsewhere, but worthy of preservation and of general interest to the profession, will be acceptable. It is desirable that the profession should keep constantly in view the wants of the Society in this respect. It represents in a measure the annual status of our school in this State; every effort should, therefore, be made to enhance the general interest in the Society and arouse the best intellect of our school in its behalf.*

Contributors of papers for publication should avoid the improper use of capital letters. and the underlining of words that are not designed to be italicized; should write their communications in a fair, legible hand, only upon one side of the paper, and commence the first page about half way down the sheet.

The secretaries desire to call attention of officers of county medical societies to the article entitled "Classification of Counties," article CXXIII, page 710, as it is designed to communicate full information respecting the election of delegates to the State Society, both as regards the number legally required and the time elections are to be held.

The statement at the conclusion of article CXXII, on page 709, shows the delegated membership of the Homœopathic State Medical Society to be nearly equal to that of the Allopathic State Medical Society; and, that the excess in the total membership consists chiefly in the large number of honorary and permanent members, to which annual additions have been made for many years past. Notwithstanding this advantage, the total membership of the former, indicating its relative representative status, is about 33 per cent. that of the living members of the latter. This encouraging evidence of the growth of our system should not render the practitioners of homœopathy any the less active and zealous in their efforts to promote its best interests. The importance of liberally sustaining the State Medical Society to the full measure of its usefulness cannot be over-estimated. One of the direct methods for its accomplishment is the increase of its members by the formation of

*It is, perhaps; unnecessary to call attention to the fact, that articles requiring suitable illustrations are especially desirable. Contributors are required to furnish merely a sketch or diagram of the subject to be engraved.

county medical societies wherever there is a sufficient number of practitioners. There are now twenty-five county medical societies. This number may be increased at least fifty per cent, by the organization of societies, either in single or by a union of two or more counties.

ARTICLE CXVIII.

Constitution and By-Laws of the Homœopathic Medical Society of the State of New York.

CONSTITUTION.

ARTICLE I.

Name and Object.—This association shall be known as the Homœopathic Medical Society of the State of New York, and its object shall be the advancement of medical science.

ARTICLE II.

Laws of the State deemed a part of the Constitution.—The laws of the State of New York, regulating the practice of medicine and surgery, shall be deemed a part of this constitution.

ARTICLE III.

Officers, when and how to be Elected.—The officers of the society shall be a president, three vice-presidents, recording secretary, corresponding secretary and treasurer; all of whom shall be elected by ballot at an annual meeting.

Election of Censors.—The Society shall also, at an annual meeting, elect twelve censors, any three of whom shall constitute a quorum.

Votes of a majority necessary to a choice, and term of office.—At all elections of officers, the votes of a majority of the members present shall be necessary to a choice; their term of office shall commence at the adjournment of the meeting at which they were elected, and shall continue for one year, or until the close of the annual meeting next succeeding the one at which they were elected, and until others are chosen in their places.

ARTICLE IV.

Duties of Officers.—The duties of the officers shall be such as are prescribed by the laws of the State, and, in addition thereto, such as may be from time to time designated in the by-laws.

ARTICLE V.

How constituted.—The society shall be composed of delegates from each county homœopathic medical society and homœopathic medical college in this State, and such other members as may be designated in the by-laws.

ARTICLE VI.

Annual meeting.—The annual meeting of the society shall be held in the city of Albany, commencing on the second Tuesday of February in each year.

ARTICLE VII.

Quorum.—At any meeting of the Society seven members shall constitute a quorum.

ARTICLE VIII.

Seal.—The society may have a common seal, with a suitable device and inscription.

ARTICLE IX.

Amendments.—This constitution may be altered or amended by a vote of two-thirds of the members present, provided that notice of such alteration or amendment shall have been given in writing at the previous annual meeting.

BY-LAWS.

SECTION 1.—*Duties of the President.*

It shall be the duty of the president to

Preside at all meetings.—Preside at all meetings of the society, and call them to order at the appointed time.

Announce business.—Announce the order of business.

Put all questions to vote.—Put to vote all questions which occur in the regular order of business, and declare the result.

Decide questions of order.—Decide all questions of order, subject, however, to the usual appeal, which appeal shall not be debatable.

Appoint committees.—Appoint all committees not otherwise ordered.

Sign drafts upon the treasurer.—Sign warrants or drafts upon the treasurer for such sums as shall be ordered at any annual meeting.

Receive from censors their opinion in writing.—Receive the written opinion of the censors in respect to the qualifications of the students examined by them.

Receive fee and pay it to the treasurer.—Receive the sum of ten dollars for each diploma granted by the society, and pay the same to the treasurer.

Appoint committees to prepare obituaries of deceased members.—In case of the decease of any member, appoint a committee composed of one or more members, to prepare and transmit to the secretary a professional obituary for publication in the Transactions of the society.

Extra meetings.—Direct the secretary to call extra meetings, upon the written request of any seven members, explaining the reason for such action.

Deliver an address.—Deliver an address at the annual meeting, or procure a substitute, and perform all other duties required by the laws of the State relating to medical science.

SECTION 2.—*Duties of the Vice-Presidents.*

In the absence of the president, it shall be the duty of the vice-presidents to perform, in the order of election, the duties devolving upon that officer, and such other duties as may be required by the society.

SECTION 3.—*Duties of the Secretary.*

The duties of the secretary are to

Provide record book.—Provide a book for records.

Keep a record of all the proceedings.—Record therein the resolutions and proceedings of the society.

Names of members.—The names of members and the date of admission of each.

Annual reports.—The annual reports made by officers and committees, and all such other things as a majority of the members shall think proper.

Deliver all books and papers to his successor.—Deliver the books and papers of the society to his successor.

Proceedings of the first annual meeting.—Lodge in the office of the Secretary of State a copy of all the proceedings had at the first annual meeting.

Give notice of all meetings.—Give previous notice of at least two weeks, by letter or otherwise, to each member, of all meetings of the society.

Notify chairman of each committee.—Notify the chairman of each committee of his appointment, which notice shall contain the names of his colleagues, and shall state the nature of the business referred.

Sign all acts and proceedings.—Authenticate, by his signature, all the acts and proceeding of the society.

Preserve all documents and papers belonging to the society.—Preserve the documents and other papers belonging to the Society, and allow none to pass out of his hands, or be copied without the consent of the Society, expressed by resolution.

Present communications to the Society and conduct its correspondence.—Receive and lay before the Society all communications addressed to it by persons other than members, and generally to conduct the correspondence of the Society.

Duties at the meetings of the Society.—At each meeting record the names of all the members present, read the minutes of the one preceding it, and all papers ordered by the president or by the Society.

Divide delegates into four classes.—Divide the delegates to the society into four classes, in compliance with the sixth section of these by-laws.*

Notify the secretaries of county societies—Notify the secretaries of the respective county homœopathic medical societies whenever the seats of any of the delegates become vacant.*

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* See article CXXIII, entitled "Classification of Counties," page 710.

Publish lists of all the members.—Cause to be annually published in the Transactions, lists of all the members of the society.*

SECTION 4.—*Duties of the Treasurer.*

The duties of the treasurer are to

Receive and be accountable for funds of the Society.—Receive and be accountable for all moneys belonging to the Society, and

Pay out all sums ordered by the Society.—Pay out on the warrant of the president, such sums (subject to draft) as may be agreed upon at the annual meeting.

Report annually.—Report in writing at each annual meeting.

SECTION 5.—*Duties of the Censors.*

The duties of the censors are to

Examine students.—Examine carefully and impartially each student presenting himself as a candidate for license to practice medicine and surgery, and report their opinion in regard to his qualifications in writing, to the president.

Decide all questions of appeal.—Decide all questions of appeal from county homœopathic medical societies relating to the examination or qualifications of students.

SECTION 6.—*Members.*

Ratio of Delegates from county homœopathic medical societies.—Each county homœopathic medical society in this State is entitled to elect as many delegates to this Society as there are Members of Assembly from their respective counties.†

From each homœopathic medical college.—Each homœopathic medical college in this State may respectively elect one delegate to this Society.‡

Delegates to be divided into four classes.—Delegates to this Society shall be divided into four classes, one of which shall go out of office annually; and it is hereby made the duty of the secretary to classify them so as to keep the number as nearly equal as possible.‡

Permanent members.—The Society may elect sixteen permanent members, not to exceed two annually from any one judicial dis-

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* See article CXX, page 695, entitled "List of Honorary Members;" article CXXI, page 697, entitled "List of Permanent Members;" and article CXXII, page 701, entitled "List of Delegates."

† See Delegate List of Members, pages 701 to 709.

‡ See Classification of Counties, page 710.

trict, previous nomination at an annual meeting being a prerequisite.*

Privileges of.—Persons so elected shall be entitled to all the privileges of membership.

Six honorary members may be annually elected, previous nomination required.—The Society may elect honorary members, non-residents of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election.†

Privileges of.—Honorary members shall not be entitled to vote at the meetings of the Society, or be subject to taxation.

Honorary degree of Doctor of Medicine to be conferred by Regents of the University, and who are eligible to nomination.—The Society may annually recommend the names of four persons to the Regents of the University for the honorary degree of Doctor of Medicine; provided that the persons so recommended shall possess good moral and professional standing, shall have attained the age of forty-five years, and shall have received not less than two-thirds of the votes of the members present at any annual meeting. The mode of nomination shall be as follows: The Society shall, by open nomination, present the names of any number of physicians, and afterwards the names of the candidates, or such of them as each member shall please to vote for; the number to be voted for at one ballot shall not exceed four, and the names of those only who shall have received two-thirds of the votes of the members present shall be presented.

SECTION 7.—*Fees.*

Annual dues.—Three dollars shall be due annually from each permanent member and delegate.

SECTION 8—*County Societies.*

Duties of the Secretaries of the County societies.—The secretaries of each of the county homœopathic medical societies in this State, are requested to furnish the recording secretary of this Society, on or before the first day of January of each year, a report, consisting of—

1. A list of officers and members of their respective societies, with their address in full.

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* See List of Permanent Members, page 697.

† See List of Honorary Members, page 695.

2. Biographical notices of any who have died during the previous year.

3. The time of holding annual and regular meetings, together with a list of all medical committees, and a complete copy of the proceedings of each meeting.

4. A copy of all reports of general interest, also copies of addresses and communications on subjects relating to medical science.

SECTION 9.—*Communications.*

Publication of communications.—Communications read before the Society become its property, to be deposited in its archives; but no paper shall be published as a part of the Transactions without the approval of a majority of the committee on publication, unless the same be ordered by a vote of the Society.

SECTION 10.—*Committees.*

Executive committee to be appointed.—There shall be appointed by the president, for each successive meeting, in advance, an executive committee, whose duty it shall be to—

Duties of.—Arrange the sessions of the Society, ascertain the names and credentials of those in attendance, learn what papers and communications members may have with them to present, and so arrange all business matters of the Society as to promote the efficiency and usefulness of the sessions. The secretary shall be chairman; other members of the committee shall reside in the place where the next meeting is to be held.

Nominating committee to be appointed; duties of.—At each annual meeting a committee on nominations shall be appointed to nominate all officers of the Society, permanent and honorary members, the usual medical committees, the publishing committee, and delegates to other homœopathic medical societies.

Duties of medical committees.—All committees on subjects relating to the advancement of medical science shall be appointed for one year, and until their successors shall have been appointed; they shall be deemed to have the various matters referred to them constantly under consideration; and it is hereby made their duty to report at each annual or semi-annual meeting of the Society.

SECTION 11.—*Order of Business.*

Order of business.—At the meetings of the Society, the following shall be the regular order of business:

FIRST DAY.

1. Communication from the president.
2. Reading of the minutes of the last meeting.
3. Appointment of the nominating committee.
4. Report of the executive committee on credentials.
5. Election of permanent and honorary members previously nominated.
6. Report of the treasurer, and the auditing of his accounts.

No other business shall be considered by the Society until the foregoing items are disposed of, when subjects of a miscellaneous character may be entered upon.

Annual address of the president in the evening.

SECOND DAY.

1. Report of nominating committee and election of officers.
2. Reports of medical committees.
3. Presentation of reports, and communications on medical and surgical subjects.

THIRD DAY.

This day shall be devoted to the discussion of a group or groups of medicines which shall be selected by the president of the previous year.

SECTION 12.—*Amendments.*

Amendments.—These by-laws may be altered or amended at any regular meeting by the vote of a majority of members present.

ARTICLE CXIX.

List of Officers, 1850 to 1868.

LIST OF PRESIDENTS.

Dist.	Name.	Residences.	County.	Year.
1.	Drs. Alonzo S. Ball	New York	New York	1853
1.	Jacob Beakley	do	do	1862
3.	*R. S. Bryan	Troy	Rensselaer	1857
7.	Amherst Childs	Waterloo	Seneca	1854
5.	Lyman Clary	Syracuse	Onondaga	1852
3.	Abijah P. Cook	Hudson	Columbia	1865
4.	Benj. F. Cornell	Moreau Station	Saratoga	1867
2.	Samuel S. Guy	Brooklyn	Kings	1855
7.	*M. M. Matthews	Rochester	Monroe	1856
5.	Erastus A. Munger,	Waterville	Oneida	1864
1.	Henry D. Paine	New York	New York	1863
5.	*Ethan A. Potter	Oswego	Oswego	1861
7.	Horatio Robinson	Auburn	Cayuga	1866
2.	*Fed'l Vanderburgh	Rhinebeck	Dutchess	1851
1.	Isaac M. Ward	New York	New York	1850
5.	William H. Watson	Utica	Oneida	1868

LIST OF VICE PRESIDENTS.

Dist.	Name.	Residence and County.	Office.	Year.
3.	Drs. *Henry Adams	Cohoes, Albany	1st V.P.	1854
3.	do	do	2d do	1856
1.	T. F. Allen	New York, New York	1st do	1868
1.	Alonzo S. Ball	do do	3d do	1850
1.	do	do do	1st do	1852
1.	S. B. Barlow	do do	1st do	1867
8.	D. F. Bishop	Lockport, Niagara	3d do	1868
1.	Benj. F. Bowers	New York, New York	2d do	1865
1.	Josiah Bowers	do do	2d do	1854
7.	C. Wm. Boyce	Auburn, Cayuga	2d do	1863
6.	T. L. Brown	Binghamton, Broome	2d do	1868
3.	*R. S. Bryan	Troy, Rensselaer	2d do	1850
3.	do	do do	2d do	1855

* Deceased.

Dist.	Name.	Residence and County.	Office.	Year.
7.	Drs. Durfee Chase.....	Palmyra, Wayne	1st V.P.	1850
7.	do	do do	3d do	1852
5.	Lyman Clary.....	Syracuse, Onondaga ...	1st do	1851
3.	*T. H. Coburn.....	Hudson, Columbia.....	2d do	1852
4.	Edgar B. Cole....	Waterford, Saratoga	3d do	1866
3.	Abijah P. Cook...	Hudson, Columbia.....	1st do	1857
3.	Simeon A. Cook...	Troy, Rensselaer	1st do	1861
4.	Benj. F. Cornell...	Moreau Stat'n, Saratoga.	1st do	1865
8.	Asa S. Couch.....	Fredonia, Chautauqua...	3d do	1863
8.	do	do do ...	3d do	1864
2.	Samuel S. Guy....	Brooklyn, Kings	2d do	1853
2.	do	do do	1st do	1864
5.	†F. Humphreys	New York	2d do	1853
8.	Lor'zo M. Kenyon.	Buffalo, Erie.....	3d do	1865
8.	E. Lewis..... ...	do	3d do	1851
7.	*M. M. Matthews ..	Rochester, Monroe	1st do	1855
5.	A. R. Morgan.....	Syracuse, Onondaga	2d do	1864
5.	Erastus A. Munger,	Waterville, Oneida	2d do	1862
8.	Cornelius Ormes ..	Jamestown, Chautauqua.	3d do	1861
1.	John C. Peters....	New York, New York ..	3d do	1857
3.	Lester M. Pratt...	Albany, Albany.....	3d do	1867
1.	*J. M. Quinn.....	New York, New York...	1st do	1856
2.	E. T. Richardson..	Brooklyn, Kings.....	3d do	1854
3.	William S. Searle.	Troy Rensselaer.....	3d do	1862
3.	David Springsteed,	Albany, Albany.....	3d do	1855
5.	Wm. B. Stebbins..	Little Falls, Herkimer ..	2d do	1866
8.	*N. H. Warner....	Buffalo, Erie.....	1st do	1853
5.	Wm. H. Watson ..	Utica, Oneida.....	2d do	1867
5.	Lucien B. Wells..	do	3d do	1853
5.	do	do	3d do	1856
5.	do	do	2d do	1857
5.	do	do	1st do	1866
8.	A. R. Wright.....	Buffalo, Erie.....	2d do	1861
8.	do	do	1st do	1862
2.	William Wright...	Brooklyn, Kings	1st do	1863

List of Secretaries.

Name.	Residence and County.	Years.
Drs. Henry D. Paine, Sec ...	New York, New York Co.	1850–57
H. M. Paine, Rec. Sec..	Albany, Albany Co.	1861–1866, 68

* Deceased. † Expelled from the Society.

Name.	Residence and County.	Years.
Drs. H. B. Fellows, Cor. Sec.	Aurora, Cayuga Co.....	1864–66
H. B. Fellows, Rec. Sec.	do do	1867
E. D. Jones, Cor. Sec...	Albany, Albany Co.....	1867–68

LIST OF TREASURERS.

Name.	Residence and County.	Years.
Drs. Henry D. Paine.....	New York, New York Co.	1850–56
James W. Cox.....	Albany, Albany Co.....	1857–61
Lucien B. Wells	Utica, Oneida Co.....	1862–65
John S. Delavan.....	Albany, Albany Co.....	1866
J. W. Cox	Albany, Albany Co.....	1867
W. S. Searle	Troy, Rensselaer Co.	1868

LIST OF CENSORS.

Name.	Residence.	Years.
Drs. Alonzo S. Ball	New York...	1862–1868.
Henry Beakley	Peekskill ...	1861–1862.
Jacob Beakley	New York...	1853–55, 1863, 1865.
Rich. D. Bloss.....	Troy	1867–68.
Alfred H. Beers ...	Buffalo.....	1865.
H. Bennett.....	Rochester ...	1852–57.
D. F. Bishop.....	Lockport ...	1862–64, 1866–67.
Benj. F. Bowers ...	New York...	1863.
C. William Boyce..	Auburn	1861–62.
*R. S. Bryan.....	Troy	1852–57.
R. H. Cator.....	.....	1854–57.
Durfee Chase.....	Palmyra	1854–57.
Amherst Childs....	Waterloo....	1852–53.
Lyman Clary.....	Syracuse	1862–63, 1865.
Simeon A. Cook ...	Troy	1852–57, 1862–63, 1865.
James W. Cox	Albany	1864–1866.
Benj. F. Cornell ...	Moreau Station....	1861–62.
Asa S. Couch	Fredonia ...	1861–62.
*J. T. Curtiss	New York ..	1852.
John S. Delevan...	Albany	1863–65.
Bernhardt Fincke..	Brooklyn ...	1864.
M. M. Gardner	Utica	1864–1866.
Egbert Guernsey ..	New York...	1865.
Samuel S. Guy	New York...	1853–55.
W. Henry Hoyt ...	Syracuse	1862, 1864, 1866.

* Deceased.

Name.	Residence.	Years.
Drs. F. W. Hunt.....	New York...	1862.
E. H. Hurd.....	Rochester ...	1862.
E. Darwin Jones...	Albany	1852–57, 1862–63, 1865.
Benj. F. Joslin	New York...	1856–57, 1864, 1866.
Lorenzo M. Kenyon	Buffalo.....	1863–1868.
Stephen R. Kirby..	New York...	1852–55.
Geo. W. Lewis ...	Buffalo.....	1862–63, 1865–68.
*M. M. Mathews....	Rochester ...	1867.
Cornelius Ormes...	Jamestown ..	1863–68.
Henry D. Paine	New York...	1868.
Lester N. Pratt....	Albany	1867–68.
Saml. J. Pearsall...	Saratoga	1864–66.
*Ethan A. Potter....	Oswego	1863–65, 1866–67.
J. C. Raymond	Utica	1853–55, 1862–63, 1865.
E. T. Richardson..	Brooklyn....	1852–53, 1856–57, 1862. 1863, 1865.
H. Robinson, sr ...	Auburn	1852–57.
H. Robinson, jr....	do	1856–57, 1867–68.
William S. Searle..	Troy	1851–62, 1866.
John Searl.....	N. Granville.	1867–68.
David Springsteed.	Albany	1862.
Thomas F. Smith..	New York...	1861–62.
Henry M. Smith...	do ...	1864.
D. D. Smith	do ...	1866.
T. Dwight Stow ...	Fulton.....	1868.
*S. W. Stewart.....	Utica	1852.
Wm. H. Watson...	do	1861–62.
Lucien B. Wells ...	do	1852–57, 1867–68.
P. P. Wells	Brooklyn....	1852.
J. Ralsey White ...	New York...	1861–62.
A. R. Wright.....	Buffalo.....	1864–66.
*Clark Wright	Brooklyn....	1856–57.
Albert Wright	do	1866–68.

MEMBERS OF THE EXECUTIVE COMMITTEE.

Drs. E. A. Munger, Lucien B. Wells and Horace M. Paine..	1861
E. A. Munger, Lucien B. Wells and Horace M. Paine..	1862
Lester M. Pratt, E. Darwin Jones, R. C. Moffat, Henry Minton and Horace M. Paine.....	1863
Lucien B. Wells, A. R. Morgan and Horace M. Paine..	1864

* Deceased.

Drs. Horace M. Paine, Lester M. Pratt and James W. Cox.. 1865
H. Robinson, L. B. Wells, W. B. Stebbins, E. B. Cole, H. M. Paine, H. B. Fellows, J. S. Delavan..... 1866
B. F. Cornell, S. B. Barlow, W. H. Watson, L. M. Pratt, H. B. Fellows, E. D. Jones, James W. Cox..... 1867
W. H. Watson, D. F. Bishop, H. M. Paine, T. F. Allen, T. L. Brown, E. D. Jones, J. W. Cox, W. S. Searle, L. M. Pratt, J. S. Delavan..... 1868

MEMBERS OF THE COMMITTEE ON PUBLICATION.

Drs. Henry D. Paine, William H. Watson and James W. Cox, 1863
Horace M. Paine, Henry D. Paine and E. Darwin Jones. 1864
Horace M. Paine, Henry D. Paine and E. Darwin Jones. 1865
H. M. Paine, E. D. Jones, J. Beakley, H. D. Paine, T. Dwight Stow..... 1866
H. B. Fellows, E. D. Jones, J. Beakley, H. D. Paine, J. S. Delavan..... 1867
H. M. Paine, E. D. Jones, W. S. Searle, B. F. Cornell, A. T. Bull..... 1868

ARTICLE CXX.

List of Honorary Members.

"The Society may elect honorary members, non-residents of this State, not to exceed six in number in any one year, the names of such persons having been presented at least one year previous to their election. Honorary members shall not be entitled to vote at the meetings of the Society, or be subject to taxation.—*Extract from the By-laws.*

Names.	Residence.	Year.
Drs. Ira Barrows	Providence, R. I.	1867
George D. Beebe	Chicago, Ill	1865
C. Cropper	Cincinnati, O	1868
Charles Cullis	Boston, Mass	1868
R. E. Dudgeon	London, England	1867
Elial T. Foote	New Haven, Conn	1866
E. C. Franklin	St. Louis, Mo	1867
Samuel Gregg	Boston, Mass	1866
Edwin M. Hale	Chicago, Ill	1865
Charles T. Harris	Ann Arbor, Mich	1866
E. R. Heath	Wyandotte, Kansas	1868
William Tod Helmuth	St. Louis, Mo	1865
Constantine Hering	Philadelphia, Pa	1864
William H. Holcomb	New Orleans, La	1868
W. F. Jackson	Roxbury, Mass	1867
B. W. James	Philadelphia, Pa	1868
A. H. Okie	Providence, R. I.	1865
William E. Paine	Bath, Me	1866
John C. Sanders	Cleveland O	1865
A. E. Small	Chicago, Ill	1867
Francis Sims	Philadelphia, Pa	1866
David S. Smith	Chicago, Ill	1866
I. T. Talbot	Boston, Mass	1864
David Wilson	London, England	1865
Walter Williamson	Philadelphia, Pa	1866
*E. C. Witherell	Cincinnati, O	1864

* Deceased.

NOMINEES FOR HONORARY MEMBERSHIP.

Name.	Residence.
F. R. McManus, M. D.	Baltimore, Maryland.
T. C. Duncan, M. D.	Chicago, Illinois.
J. C. Morgan, M. D.	Philadelphia, Penn.
F. R. Horner, M. D.	Hull, England.
William Henderson, M. D.	Edinburgh, Scotland.
William Bayes, M. D.	Bath, England.

ARTICLE CXXI.

LIST OF PERMANENT MEMBERS.

The State Medical Society is designed to be essentially a representative body. It is composed primarily of delegates from the several county medical societies. The laws of this State provide for a delegated membership of four years' duration, and, in addition thereto, the annual election of a limited number of permanent members.

"It shall and may be lawful for the Medical Society to elect annually such a number of permanent members as they may from time to time determine by their by-laws, not to exceed two annually from any one senatorial (present judicial) district."—*Revised Statutes.*

The following extract from the by-laws of the Society authorizes the annual election of *sixteen* permanent members, and confers upon them equal privileges with the delegates from the county societies:

"The Society may annually elect sixteen permanent members, not to exceed two annually from any one judicial district, previous nomination at an annual meeting being prerequisite. Persons so elected shall be entitled to all the privileges of membership."

By vote of the Society, at the annual meeting held May 12, 1863, the provisions of the by-laws requiring previous service as a delegate was annulled; permanent members can therefore be selected from among the profession at large throughout the State.

FIRST DISTRICT.

Names and residence.			Year.
Drs. Alonzo S. Ball,	New York,	New York Co.	1863
Samuel B. Barlow,	do	do	1864
Jacob Beakley,	do	do	1863
G. E. Belcher,	do	do	1868
Benj. F. Bowers,	do	do	1866
A. C. Burke,	do	do	1867
Carroll Dunham,	do	do	1865
John F. Gray,	do	do	1866
Samuel S. Guy,	do	do	1865

Name and Residence.			Year.
Drs. Egbert Guernsey, New York, New York Co.			1865
Lewis Hallock,	do	do	1867
F. W. Hunt,	do	do	1867
B. F. Joslin,	do	do	1868
E. M. Kellogg,	do	do	1866
Henry D. Paine,	do	do	1863
Daniel D. Smith,	do	do	1864
Henry M. Smith,	do	do	1865
J. Ralsay White,	do	do	1863

SECOND DISTRICT.

Drs. G. H. Billings, Brooklyn, Kings Co.			1865
Sam'l C. Hanford,	do	do	1868
Henry Minton,	do	do	1864
R. C. Moffat,	do	do	1863
Ed. T. Richardson,	do	do	1865
P. P. Wells,	do	do	1863
Albert Wright,	do	do	1866
William Wright,	do	do	1864

THIRD DISTRICT.

Drs. T. T. Calkins, Hudson, Columbia Co			1868
M. W. Campbell, Troy, Rensselaer			1868
Abijah P. Cook, Hudson, Columbia			1863
G. D. Crispell, Kingston, Ulster			1867
Richard D. Bloss, Troy, Rensselaer			1865
D. L. Everett, Modena, Ulster			1867
E. Darwin Jones, Albany, Albany			1864
Horace M. Paine,	do	do	1864
Lester M. Pratt,	do	do	1864
Wm. S. Searle, Troy, Rensselaer			1865

FOURTH DISTRICT.

Drs. David H. Bullard, Glens Falls, Warren Co.			1864
E. B. Cole, Waterford, Saratoga			1867
Benjamin F. Cornell, Moreau Station, Saratoga			1863
H. A. Houghton, Keesville, Essex			1865
Charles Lowrey, Union Village, Washington			1868
Chas. M. Mosher, Easton, Washington			1863
Samuel J. Pearsall, Saratoga Springs, Saratoga			1866
John Sarle, Brooklyn, Kings			1866

Name and Residence.	Year.
Drs. D. E. Southwick, Ogdensburgh, St. Lawrence	1867
Harmon Swits, Schenectady, Schenectady	1868
*W. G. Woolcott, Whitehall, Washington	1866

FIFTH DISTRICT.

Drs. J. G. Bigelow, Syracuse, Onondaga Co	1866
Lyman Clary, do do	1866
Wm. A. Hawley, Syracuse, Onondaga	1866
Wm. Henry Hoyt, do do	1868
M. M. Gardner, Utica, Oneida	1866
Erastus A. Munger, Waterville, Oneida	1863
Augustus Pool, Oswego, Oswego	1867
*Ethan A Potter, do do	1865
J. C. Raymond, Utica, Oneida	1867
B. B. Schenck, Plainville, Onondaga	1868
T. Dwight Stow, Fulton, Oswego	1865
Solomon C. Warren, Jordan, Onondaga	1865
Wm. H. Watson, Utica, Oneida	1866
Lucien B. Wells, do do	1864

SIXTH DISTRICT.

Drs. H. F. Adams, Canastota, Madison Co.	1868
T. S. Blodgett, Cooperstown. Otsego	1864
Titus L. Brown, Binghamton, Broome	1863
D. D. Loomis, Morrisville, Madison	1867
G. L. Gifford, Hamilton, Madison	1868
*P. W. Gray, Elmira, Chemung	1865
Ira C. Owen, Sherburn, Chenango	1867
Geo. B. Palmer, East Hamilton, Madison	1867

SEVENTH DISTRICT.

Drs. H. S. Benedict, Corning, Steuben Co.	1863
C. Wm. Boyce, Auburn, Cayuga	1863
H. Barton Fellows, Aurora, Cayuga	1865
Wm. Gulic, Weston, Schuyler	1865
E. H. Hurd, Rochester, Monroe	1868
*M. M. Matthews, Rochester, Monroe	1868
G. Z. Noble, Dundee, Yates	1864
Horatio Robinson, sr., Auburn, Cayuga	1866
Horatio Robinson, jr., do do	1867
M. F. Sweeting, South Butler, Wayne	1867

* Deceased.

EIGHTH DISTRICT.

Names and Residence.	Year.
Drs. Alfred H. Beers, Buffalo, Erie Co	1865
D. F. Bishop, Lockport, Niagara	1864
R. S. Bishop, Medina, Orleans	1867
A. S. Couch, Fredonia, Chautauqua	1864
Rollin R. Gregg, Buffalo, Erie	1865
G. A. Hall, Westfield, Chautauqua	1868
G. C. Hibbard, Mannsville, Jefferson	1868
Lorenzo M. Kenyon, Buffalo, Erie	1866
A. R. Wright, Buffalo, Erie	1863
Edwin R. Heath, Wyandotte, Ka	1866
A. R. Morgan, Syracuse, Onondaga	1866

NOMINEES FOR PERMANENT MEMBERSHIP.

Name.	Residence and County.		District.
Drs. T. F. Allen	New York, New York Co.,		1st district.
E. P. Fowler	do do	do	do
*A. C. Hull	Brooklyn, Kings	do	2d district.
I. S. P. Lord	Poughkeepsie, Dutchess	do	do
C. H. Carpenter	Troy, Rensselaer	do	3d district.
J. W. Cox	Albany, Albany	do	do
A. W. Holden	Glen Falls, Warren	do	4th district.
J. H. Ward	N. Granville, Washington	do	do
C. Judson Hill	Utica, Oneida	do	5th district.
G. D. McManus	Oswego, Oswego	do	do
S. D. Hand	Binghamton, Broome	do	6th district.
A. E. Wallace	Oneida, Madison	do	do
E. B. Holmes	Canandaigua, Ontario	do	7th district.
E. P. K. Smith	Auburn, Cayuga	do	do
E. J. Cook	Buffalo, Erie	do	8th district.
G. W. Lewis	do do	do	do

* Deceased.

ARTICLE CXXII.

List of Delegates.

The State Medical Society is designed to be essentially a *representative* body, composed primarily of *delegates* from the several county medical societies. County medical societies are required by statute to elect, every four years, as many delegates to the State Society as there are members of Assembly from their respective counties.

The names of delegates representing county societies at the present time are printed in capitals; those whose term of office has expired, in Roman letters.

First District.

Comprising the City and County of New York.

NEW YORK COUNTY MEDICAL SOCIETY—21 Delegates.

The next election of Delegates will occur in 1871.

Names.	Residence.	Elected.	Term expires.
Drs. M. Freleigh	New York	1861,	....
A. Houghton	do	1861,	....
E. Lovejoy	Owego	1860,	....
Thomas F. Smith	New York	1861,	....
L. de V. Wilder	do	1862,	....
*A. D. Wilson	do	1861,	....
Clark Wright	do	1861,	....
Alonzo S. Ball	do	1861,	1863,
Samuel B. Barlow	do	1861,	1863,
Edward Bayard	do	1861,	1863,
Jacob Beakley	do	1861,	1863,
Benj. F. Bowers	do	....	1863,
Egbert Guernsey	do	1861,	1863,
Lewis Hallock	do	1861,	1862,
F. W. Hunt	do	....	1863,
Edwin M. Kellogg	do	....	1863,

* Deceased.

Names.	Residence.	Elected.	Term expires.
Drs. Erastus E. Marcy....	New York ..	.... 1861, 1863,	....
Daniel D. Smith.....	do ..	.... 1861, 1863,	....
Henry M. Smith.....	do ..	.... 1861, 1863,	....
John A. Ward	do ..	 1863,	....
J. W. DOWLING...	do ..	 1867,	1871
A. P. THROOP.....	do ..	 1867,	1871
W. BRINK.....	do ..	 1867,	1871
G. W. BALDWIN...	do ..	 1867,	1871
C. O. FICHT	do ..	 1867,	1871
B. F. JOSLIN	do ..	1861, 1863, 1867,	1871
G. E. BELCHER....	do ..	.... 1863, 1867,	1871
T. LIEBOLD, ...	do ..	 1867,	1871
T. F. SMITH.....	do ..	 1867,	1871
J. B. HOLTBY	do ..	 1867,	1871
S. LILIENTHAL ...	do ..	 1867,	1871
W. H. WHITE.....	do ..	 1867,	1871
F. S. BRADFORD ..	do ..	 1867,	1871
R. McMURRAY ...	do ..	1861, 1863, 1867,	1871
J. McE. WETMORE,	do ..	.... 1863, 1867,	1871
T. F. ALLEN.....	do ..	 1867,	1871
J. J. MITCHELL ...	do ..	 1867,	1871

SECOND DISTRICT.

Comprising the Counties of Dutchess, Kings, Orange, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester.

DUTCHESS COUNTY MEDICAL SOCIETY—2 Delegates.

The next election of Delegates will occur in 1872.

Drs. Ernest F. Hoffman .	Poughkeepsie.....	1861	....		....
*Fed. Vandenburgh..	Rhinebeck .	1861..	1864	1868	....
JOHN HORNBY ..	Poughke'psie	1863..	1864	1868	1872
LEVI HUBBARD..	do	.....	....	1868	1872

WESTCHESTER COUNTY MEDICAL SOCIETY—3 Delegates.

The next election of Delegates will occur in in 1871.

Drs. Henry Beakley	Peekskill	1865	....
W. B. Ropes	Dobb's Ferry.....	1865	....

* Deceased.

Named.	Residence.	Elected.	Term ex.
Drs. L. W. Flagg	Yonkers	1865	....
H. C. JONES	Mt. Vernon	1867	1871
I. N. SWASEY	Yonkers	1867	1871
T. C. FANNING	Tarrytown	1867	1871

KINGS COUNTY MEDICAL SOCIETY—9 Delegates.

The next election of Delegates will occur in 1872.

Drs. G. Blœde	Brooklyn	..	.....	1863	....
J. P. DUFFIN	do	..	1863..	1864	1868
BERNARD FINCKE	do	..	.....	1864	1868
SAMUEL S. GUY	do	..	1863..	1864	1868
HENRY MINTON	do	..	1863..	1864	1868
W. L. R. PERRINE	do	..	1863..	1864	1868
EDW. T. RICHARDSON	do	..	1863..	1864	1868
WILLIAM WRIGHT	do	..	1863..	1864	1868

Third District.

Comprising the Counties of Albany, Columbia, Greene, Rensselaer, Schoharie, Sullivan and Ulster.

ALBANY COUNTY MEDICAL SOCIETY—4 Delegates.

The next election of Delegates will occur in 1870 :

Drs. Henry D. Paine	N. York	1860	.....		....
E. Darwin Jones	Albany	1860	1863		....
Lester M. Pratt	do	1860	1863		....
D. Springsteed	do	1866	.....		....
J. W. COX	do	1860	1863	1866	1870
WM. H. RANDALL	do	....	1863	1866	1870
J. S. DELAVAN	do	....	.....	1866	1870
HARMON SWITS	Sch't'dy	....	.....	1867	1870

COLUMBIA COUNTY MEDICAL SOCIETY—2 Delegates.

The next election of Delegates will occur in 1870.

Drs. Abijah P. Cook	Hudson	....	1861..	....	....
T. T. Calkins	do	....	1861..	1863	....
Edmund Holley	do	....	.....	1863	...

Names.	Residence.	Elected.	Term Ex.
Drs. J. S. Philip	Catskill	1866	----
W. H. BARNES	Chatham	1866	1870
P. W. MULL	Ghent	1866	1870

REENSSELAER COUNTY MEDICAL SOCIETY—3 Delegates.

The next election of Delegates will occur in 1869.

*Drs. Richard Bloss	Troy	1860	----	----	----
Simeon A. Cook	do	1860	----	----	----
H. R. Fuller	Lansingbgh	1860	----	----	----
William S. Searle	Troy	----	1863	----	----
John Younglove	do	----	----	1865	----
J. P. Bloss	do	----	----	1866	----
M. W. CAMPBELL	do	----	1863	1865	1869
C. H. CARPENTER	do	----	1863	1865	1869
C. S. WOODRUFF	do	----	----	1868	1869

ULSTER COUNTY MEDICAL SOCIETY—3 Delegates.

The next election of Delegates will occur in 1871.

Drs. G. D. Crispell	Kingston	1865	----
Levi Shaffer	do	1865	---
Theodore Quick	Rahway, N. J.	1865	----
F. W. INGALLS	Kingston	1867	1871
H. H. CATOR	do	1866	1871
G. B. KETCHUM	Tuthill	1867	1871

FOURTH DISTRICT.

Comprising the Counties of Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Schenectady, St. Lawrence, Warren and Washington.

SARATOGA COUNTY MEDICAL SOCIETY—3 Delegates.

The next election of Delegates will occur in 1869.

Drs. Samuel J. Pearsall	Saratoga Springs	1861	----
EDGAR B. COLE	Waterford	1865	1869
ZINA CLEMENTS	do	1865	1869

* Deceased.

WASHINGTON COUNTY MEDICAL SOCIETY—2 Delegates.

The next election of delegates will occur in 1871.

Names.	Residence.	Elected.		Term ex.
Drs. H. K. Bennett	Whitehall	1865	1867	....
Charles Lowrey	Union Village	1865	1867	....
Hiram J. Ward	Troy	1866	1867	....
A. W. Holden	Glens Falls	....	1867	....
GEORGE W. LITTLE	Fort Edward	....	1868	1871
GEORGE H. BEACH	Sandy Hill	....	1868	1871

Fifth District.

Comprising the Counties of Herkimer, Jefferson, Lewis, Oneida, Onondaga and Oswego.

ONEIDA COUNTY MEDICAL SOCIETY—4 Delegates.

The next election of delegates will occur in 1869.

Drs. Horace M. Paine	Albany	....	1857	....	....	....
Erastus A. Munger	Waterville	1857	1861	....	....	....
Lucian B. Wells	*Utica	1857	1861	....	....	....
M. M. GARDNER	Utica	....	....	1864	1865	1869
JOS. C. RAYMOND,	Utica	....	1861	1864	1865	1869
WM. B. STEBBINS,	Little Falls	....	....	1864	1865	1869
WM. H. WATSON	Utica	1857	1861	1864	1865	1869

ONONDAGA COUNTY MEDICAL SOCIETY—3 Delegates.

The next election of Delegates will occur in 1869.

Drs. Lyman Clary	Syracuse	.....	.....	1862	....
William A. Hawley	do	.....	.....	1862	....
J. G. Bigelow	do	.....	.....	1864	....
A. R. MORGAN	do	.....	.....	1865	1869
W. HENRY HOYT	do	.....	.....	1865	1869
W. R. BROWN	Homer	.....	.....	1865	1869

OSWEGO COUNTY MEDICAL SOCIETY—3 Delegates.

The next election of Delegates will occur in 1872.

Drs. *E. A. Potter	Oswego	1860	1864	....
T. Dwight Stow	Fulton	1860	1864	....

* Deceased.

Names.	Residence.	Elected.		Term ex.
Drs. WM. L. WOODBURY.	Fulton	1864..	1868	1872
G. D. McMANUS	Oswego....	.....	1868	1872
AUGUSTUS POOL ...	do	1860..	1868	1872

SIXTH DISTRICT.

Comprising the Counties of Broome, Chemung, Chenango, Cortland, Delaware, Madison, Otsego, Tioga and Tompkins.

BROOME COUNTY MEDICAL SOCIETY—1 Delegate.

The next election of Delegates will occur in 1870.

Dr. TITUS L. BROWN..	Binghamton .	1861	1863 1866	1870

MADISON COUNTY MEDICAL SOCIETY—2 Delegates.

The next election of Delegates will occur in 1871.

Drs. George B. Palmer	East Hamilton	....	1865	....
Ira C. Owen.....	Sherburne ...	1865	1867	....
D. D. Loomis.....	Morrisville...	....	1867	....
A. E. WALLACE.....	Oneida	....	1868	1871
E. C. BASS	Cazenovia ...	....	1868	1871

OTSEGO COUNTY MEDICAL SOCIETY—2 Delegates.

The next election of Delegates will occur in 1869.

Drs. J. H. Foote	Franklin	....	1860	....
Solomon C. Warren....	Jordon	....	1862	....
E. B. Warren.....	Middlefield ..	....	1862	....
Merritt Matteson.....	Morris	1860	1864	....
NORMAN GETMAN..	Richfi'd Spr'gs,	....	1865	1869
T. S. BLODGETT....	Cooperstown .	1860	1865	1869

CHEMUNG COUNTY MEDICAL SOCIETY—1 Delegate.

The next election of Delegates will occur in 1872.

Drs. H. S. Benedict.....	Havana	1861	1861	....
N. R. Seeley.....	Corning	....	1861	....
*P. W. Gray.....	Elmira	1861	1863	....
Edwin W. Lewis.....	Watkins	....	1863	....

* Deceased.

Names.	Residence.		Elected.	Term ex.
Drs. Emerson W. Rodgers	Atley	----	1863	----
W. S. Purdy	Addison	----	1863	----
HENRY SALES	Elmira	----	1868	1872

Seventh District.

Comprising the Counties of Cayuga, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates.

CAYUGA COUNTY MEDICAL SOCIETY—2 Delegates.

The next election of Delegates will occur in 1870.

Drs. C. William Boyce	Auburn	----	1860	----
Ambert Childs	Waterloo	----	1860	----
H. Barton Fellows	Aurora	----	1862	----
A. J. Brewester	Cato	----	1863	----
H. Robinson, sr.	Auburn	----	1863	----
E. P. K. Smith	do	----	1866	----
C. E. SWIFT	do	1865	1866	1870
W. M. GWYNN	Throopsville	----	1866	1870

LIVINGSTON COUNTY MEDICAL SOCIETY—1 Delegate.

The next election of Delegates will occur in 1872.

Drs. I. J. Meacham	Battle Cre'k, Mich	1860	1864	----
James A. West	Geneseo	1864	1686	1870
J. M. ANDERSON	Dansville	----	1866	1870

MONROE COUNTY MEDICAL SOCIETY—3 Delegates.

The next election of Delegates will occur in 1872.

Drs. *M. M. Mathews	Rochester	----	1866	----
Chas. Sumner	do	----	1866	----
D. A. Baldwin	do	----	1866	----
T. C. WHITE	do	----	1868	1872
G. W. PEER	do	----	1868	1872
L. H. REYNOLDS	Brockport	----	1868	1872

ONTARIO COUNTY MEDICAL SOCIETY—2 Delegates.

The next election of Delegates will occur in 1869.

Drs. H. F. Bennett	Canandaigua	----	1861	----
G. Z. Noble	Dundue	1861	----	----

* Deceased.

Names.	Residence.	Elected.		Term ex.
Drs. O. S. Wood	Canandaigua	1864	1865	....
O. E. NOBLE	Penn Yan	1863	1865	1869
E. B. HOLMES	Canandaigua	1868	....	1869

WAYNE COUNTY MEDICAL SOCIETY—2 Delegates.

The next election of Delegates will occur in 1871.

Drs. A. P. Throop	New York	....	1864	....
A. G. Austin	Williamson	....	1864	....
M. F. Sweeting	South Butler	....	1864	....
W. F. SHERMAN	Lyons	....	1867	1871
CYRUS ALLEN	Palmyra	....	1867	1871

STEUBEN COUNTY MEDICAL SOCIETY—2 Delegates.

The next election of Delegates will occur in 1870.

Drs. J. M. CADMUS	Hammondsport	....	1867	1870
A. DE WOLF	Bath	....	1867	1870

EIGHTH DISTRICT.

Comprising the Counties of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Orleans and Wyoming.

CHAUTAUQUA COUNTY MEDICAL SOCIETY—2 Delegates.

The next election of Delegates will occur in 1870.

Drs. Asa S. Couch	Fredonia	1860	1863	....
Cornelius Ormes	Jamestown	1860	1863	....
W. S. HEDGES	do	1865	1866	1870
GEO. A. HALL	Westfield	1865	1866	1870

ERIE COUNTY MEDICAL SOCIETY—5 Delegates.

The next election of Delegates will occur in 1870.

Drs. Lorenzo M. Kenyon,	Buffalo	....	1862	....
A. H. Beers	Litchfield, Conn.,	....	1863	....
A. S. HINCKLEY	Buffalo	1862	1866	1870
GEO. W. LEWIS	do	1862	1866	1870
A. R. WRIGHT	do	1863	1866	1870
R. R. GREGG	do	....	1866	1870
A. T. BULL	do	....	1866	1870

Officers of county medical societies are particularly requested to examine the classification of counties, on page 710, in order to ascertain when the election of delegates by their respective societies is required. They are also invited to consult the list of permanent members, on pages 697–700, in order to exclude the names of any who may have been previously elected permanent members of the Society.

Number of county homœopathic medical societies in this State,	25
Total number of delegates	180

The present membership of the Society comprises:

Delegates holding office	87
Permanent members	91
Honorary members	27
Total number of members	205

This statement shows that the delegated membership of the Homœopathic State Medical Society is nearly equal to that of the Allopathic State Medical Society, and that the excess in the total membership consists chiefly in the large number of honorary and permanent members, to which annual additions have been made for many years past. Notwithstanding this advantage, the total membership of the former, indicating its *relative representive status*, is about thirty-three per cent that of the living members of the latter. This is truly an encouraging indication of the rapid growth of the homœopathic system, when we consider that scarcely thirty years have passed since the reliability and efficiency of this method of practice became generally known and appreciated.

ARTICLE CXXIII.

Classifications of Counties with reference to the election of Delegates.

The State Medical Society is designed to be essentially a representative body, composed primarily of delegates from the several county medical societies; accordingly, the laws of this State provide:

1. For the organization of county medical societies.

2. The representation of said county organizations in a State medical society.

3. Delegated membership in said State Society of four years' duration.

4. The arrangement of said delegates into four nearly equal classes.

"Said (State) society shall be composed of as many members from each county medical society as there are members of Assembly from such county, elected by ballot at their annual meeting.

"The members now composing the Medical Society of the State of New York, from each of the four great districts, shall remain divided into four classes, and one class from each of said districts shall go out of office annually.

"In case there shall be an addition to the number of members composing the Medical Society of the State, that in that case it shall be in the power of the said Society, at any of their annual meetings, and as often as they shall judge necessary, to alter and vary the classes in such manner as that one-fourth of the members from each of the great districts, as near as may be, shall annually go out of office.

"It shall be the duty of the secretary of the Medical Society of the State of New York, whenever the seats of any of the members shall become vacant, to give information of the same to the respective county societies, to the end that such county societies may supply such vacancy at their next meeting."—*Revised Statutes.*

By means of the following arrangement county medical societies are divided into four nearly equal classes, thus securing the annual election of about one-fourth the whole number of delegates to the State Society.

Inasmuch as one-fourth the number of delegates go out of office at the close of each year, all re-elections should be held at the *annual* meetings preceding the expiration of their respective terms.

Officers of county medical societies are particularly requested to examine this classification, in order to ascertain when the elec-

tion of delegates by their respective societies is required. They are also invited to consult the list of permanent members on pages 697–700, in order to exclude the names of any who may have been previously elected permanent members of the State Medical Society. Whenever delegates are elected permanent members, others should be chosen in their places.

Term of Office Expires December 31, 1868.

Allegany,	Franklin,	Monroe,	Oswego,
Chemung,	Genesee,	Montgomery,	Seneca,
Delaware,	Kings,	Orange,	Yates.
Dutchess,	Livingston,	Orleans,	

Homœopathic Medical College of the City of New York.

Term of Office Expires December 31, 1869.

Essex,	Niagara,	Otsego,	Schoharie,
Greene,	Oneida,	Putnam,	Schuyler,
Jefferson,	Onondaga,	Rensselaer,	Warren.
Lewis,	Ontario,	Saratoga,	

Term of Office Expires December 31, 1870.

Albany,	Chautauqua,	Rockland,	Tioga,
Broome,	Columbia,	Schenectady,	Tompkins,
Cayuga,	Erie,	Steuben,	Wyoming.
Cattaraugus,	Richmond,	Sullivan,	

Hahnemann Academy of Medicine.

Term of Office Expires December 31, 1871.

Chenango,	Hamilton,	Queens,	Washington,
Clinton,	Herkimer,	St. Lawrence,	Wayne,
Cortland,	Madison,	Suffolk,	Westchester.
Fulton,	New York,	Ulster,	

The election of delegates is required in the following counties:

In 1868, Chemung, Dutchess, Kings, Livingston, Monroe, Oswego, and Homœopathic Medical Society of the City of New York.

In 1869, Oneida, Onondaga, Ontario, Otsego, Rensselaer and Saratoga.

In 1870, Albany, Broome, Cayuga, Chautauqua, Columbia, Erie, Steuben, and Hahnemann Academy of Medicine.

In 1871, Madison, New York, Ulster, Washington, Wayne and Westchester.

ARTICLE CXXIV.

Table of Annual and Regular Meetings of County Homœopathic Medical Societies.

January—First Wednesday. Erie county, annual meeting.
Hahnemann Academy, monthly meeting.

Second Tuesday. Albany county annual meeting.
Madison county, semi-annual meeting.

Second Wednesday. New York county, monthly meeting.
Otsego county semi-annual meeting.
Washington county, annual meeting.

January—Last Wednesday. Westchester county, annual meeting; semi-annual meeting at such time and place as may be determined upon at the annual meeting.

February—First Wednesday. Erie county, monthly meeting.
Hahnemann Academy, monthly meeting.

Second Tuesday. February 9, 10 and 11—Annual meeting of the Homœopathic Medical Society of the State of New York, in the city of Albany.

Second Wednesday. New York county, monthly meeting.

March—First Wednesday. Erie county monthly meeting.
Hahnemann Academy, monthly meeting.

Second Tuesday. Cayuga county, quarterly meeting.

Second Wednesday. New York county, monthly meeting.

Second Thursday. Homœopathic Medical Society of Central New York, quarterly meeting.

April—First Tuesday. Dutchess county, semi-annual meeting.

First Wednesday. Erie county quarterly meeting.
Hahnemann Academy, monthly meeting.

Second Tuesday. Albany county, quarterly meeting.

Second Wednesday. New York county, monthly meeting.

May—First Tuesday. Onondaga county, annual meeting.

First Wednesday. Hahnemann Academy, monthly meeting.

May—Second Tuesday. Kings county, annual meeting.
Adjourned monthly meetings are held frequently.

Third Tuesday, Steuben county, annual meeting.
Columbia county, semi-annual meeting.

Second Wednesday. New York county, monthly meeting.

Time indefinite. Ulster county, annual meeting.

June—First Tuesday. Wayne county, annual meeting.

First Wednesday. Hahnemann Academy, monthly meeting.
Ontario county, semi-annual meeting.

Second Tuesday. Cayuga county, annual meeting.
Livingston county, annual meeting.
Oswego county, annual meeting, in the city of Oswego.

Second Wednesday. New York County, monthly meeting.
Otsego county, annual meeting.

Second Thursday. Homœopathic Medical Society of Central New York, annual meeting.

Third Tuesday. Broome county semi-annual meeting.
Oneida county, semi-annual meeting.
Rensselaer county, semi annual meeting.

Third Thursday. Chautauqua county, annual meeting.

Fourth Tuesday. Madison county, annual meeting.

July—First Wednesday. Erie county, quarterly meeting.
Hahnemann Academy, monthly meeting.

Second Tuesday. Albany county, quarterly meeting.
Homœopathic Medical Society of Northern New York, annual meeting, Saratoga Springs.
Saratoga county, annual meeting.

Second Wednesday. New York county, monthly meeting.

Aug.—First Wednesday. Hahnemann Academy, monthly meeting.

Second Wednesday. New York county, monthly meeting.

Sept.—First Wednesday. Hahnemann Academy, monthly meeting.

Second Tuesday. Cayuga county, quarterly meeting.

Second Wednesday. New York county, monthly meeting.

Second Thursday. Homœopathic Medical Society of Central New York, quarterly meeting.

Oct.— First Tuesday. Columbia county, annual meeting.
Dutchess county, annual meeting.

First Wednesday. Erie county, quarterly meeting.
Hahnemann Academy, monthly meeting.

Second Tuesday. Albany county, quarterly meeting.
Onondaga county, semi-annual meeting.

Second Wednesday. New York county, monthly meeting.

Third Tuesday. Broome county, annual meeting.
Oneida county, annual meeting, in the city of Utica.
Rensselaer county, annual meeting.

Third Wednesday. Ontario county, annual meeting.

Nov.—First Wednesday. Erie county, monthly meeting.
Hahnemann Academy, monthly meeting.

Second Tuesday. Kings county, semi-annual meeting.
Adjourned meetings are held frequently.

Third Tuesday. Steuben county, semi-annual meeting.

Second Wednesday. New York county, annual meeting.

Dec.— First Tuesday. Wayne county, semi-annual meeting.

First Wednesday. Erie county, monthly meeting.
Hahnemann Academy, annual meeting.

Second Tuesday. Cayuga county, quarterly meeting.
Livingston county, semi-annual meeting.

Second Wednesday. New York county, monthly meeting.

Second Thursday. Homœopathic Medical Society of Central New York, quarterly meeting.

Time indefinite. Monroe county, semi-annual meeting.
Oswego county, semi-annual meeting.

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